

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

468

1635

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kew Primary Registration District No. _____
City Rayne (No. General Hosp # 2) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence. No. 1810 Woodland St. 4 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF No record.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-22-1894

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
36 5 3

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Shaffer 101
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kansas
(STATE OR COUNTRY)

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Messal Jones

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kansas
(STATE OR COUNTRY)

14. INFORMANT Keardin Clark
(Address) General Hosp # 2

15. FILED 1/31 1931 M. M. Crull REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 25 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 25 1931 to Jan 25 1931 that I last saw him alive on Jan 25 1931, and that death occurred, on the date stated above, at 5:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Peritonitis
1213
129
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Appendiced abscess.
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? yes DATE OF 1-16-31

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) D. M. Miller M. D.
1125, 1931 (Address) General Hospital #2

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Trenton, Missouri. DATE OF BURIAL 2-2-31, 19

20. UNDERTAKER A. B. Moore ADDRESS 1820 E 18'

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHILE FILING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

