

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

Do not use this space.

9800

1. PLACE OF DEATH

County Jackson Registration District No. 3000
 Township 1st Primary Registration District No. 3000
 City H. C. Mass (No. Mercy Hosp.) St. _____ Ward _____

File No. _____
 Registered No. 14732
 St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward. Chilhowee, Mo.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 25 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 4, 1917

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
14 2 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Petersburg, Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Frank W. (Deceased)

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Warrensburg, Mo.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Amanda Davis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cameron, Mo.
 (STATE OR COUNTRY)

14. INFORMANT Mother, Amanda Brown
 (Address) Chilhowee Mo

15. FILED 3/5, 1931 M. M. Crowe
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 4 1931

I HEREBY CERTIFY, That I attended deceased from 2/9/31 1931 to 3/4/31 1931
 that I last saw him alive on 3/4/31 1931, and that death occurred, on the date stated above, at 10:35 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
2nd & 3rd degree gasoline
burns of legs & abdomen
(accidental)

CONTRIBUTORY (SECONDARY) Secondary infections (duration) yrs. mos. 25
Secondary nephritis
Secondary ulcer (duration) yrs. mos. 20

18. WHERE WAS DISEASE CONTRACTED at home
 NOT AT PLACE OF DEATH? 38

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Exam + Lab
 (Signed) W. M. Howard, M. D.

314, 1931 (Address) Mercy Hosp

*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 Chilhowee MO DATE OF BURIAL 3/5 1931

20. UNDERTAKER Stine-McClure ADDRESS City

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

