

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

Do not use this space.

14274

1. PLACE OF DEATH

County Pickens

Registration District No. 399

Township 1st

Primary Registration District No. 1002

City 11.5 mo

(No. 2341 Juniata)

File No. 1791

Registered No. 1791

St. _____ Ward _____

2. FULL NAME

(a) Residence No. 9541 Juniata St. 14 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 Fe 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 11-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 3 6

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

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

10. NAME OF FATHER William Back

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

12. MAIDEN NAME OF MOTHER Elizabeth Pickens

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

14. INFORMANT Ruth Back (Address) 1919 Junia, K.C.K.

15. FILED 4/17 1931 M.M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 17 1931

17. I HEREBY CERTIFY, That I attended deceased from 4-9-31, 1931 to 4-17, 1931 that I last saw h. a alive on 4-16, 1931, and that death occurred, on the date stated above, at 8 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Cerebral hemorrhage
82A

102 (duration) _____ yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Hypertension
Indefinite (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Mo

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) N.C. Speer, M. D.

4/17, 1931 (Address) 3204 Coleman, K.C.

*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 North Hill DATE OF BURIAL April 18, 1931

20. URBERTAKER Rose Henderson ADDRESS City

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

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.

3207 Columbia

Mr. R.C. Young
Mar 6 7 43 -
Dated - 17 52
602 Richard -
23rd St. product
10-10³⁰ a.m.