

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

Do not use this space.

18137

1. PLACE OF DEATH

County Jackson
Township Law
City Kansas City (No. General Hosp #2)

Registration District No. 399
Primary Registration District No. 3092

File No. _____
Registered No. 2278
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 9441 Park St. 11 Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 31, 1878

7. AGE YEARS MONTHS DAYS AT LESS than 1 day, hrs. or min.
52 — 8 16 16 hrs.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Teacher 21³
(b) General nature of industry, business, or establishment in which employed (or employer) unemployed
(c) Name of employer Formerly Prin. of J. M. ...

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

10. NAME OF FATHER Geo. Black
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
12. MAIDEN NAME OF MOTHER Ludie M^e Ramsey
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ms. 1

14. INFORMANT Lora Black (Address) 2441 Park

15. FILED 5/20 31 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 6 1931

17. I HEREBY CERTIFY, That I attended deceased from May 2, 1931, to May 6, 1931, that I last saw alive on May 10, 1931, and that death occurred, on the date stated above, at 3:05 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
4³ C
198 (duration) yrs. mos. ds.
CONTRIBUTORY Influenza (SECONDARY) (duration) yrs. mos. ds.

WHERE WAS DISEASE CONTRACTED _____
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) D. M. Miller M. D.
May 6, 1931 (Address) Gen. Hospital No 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 Highland DATE OF BURIAL 5/20 1931
20. UNDERTAKER Nathans Burial Co, 1229 Linden ADDRESS

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.

WHITE (PLAIN), WITH UNFADING INK—THIS IS A PERMANENT RECORD

