

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

Do not use this space.

24483

1. PLACE OF DEATH

County Cass Registration District No. 152
 Township Grand River Primary Registration District No. 4090
 City Harrisonville (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred — yrs. 2 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Freeman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 8 - 1880</u>		
7. AGE	YEARS	MONTHS
	<u>50</u>	<u>7</u>
		<u>12</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Chauffeur</u>		11. Total time (years) spent in this occupation <u>25</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year) <u>Jan 19 29</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Harrisonville Mo.</u>		
MOTHER	13. NAME <u>Millard Freeman</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	15. MAIDEN NAME <u>Sarah Lester</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Delaware</u>	
17. INFORMANT <u>Emma Freeman</u> (ADDRESS) <u>Harrisonville Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oakland Cemetery</u> DATE <u>7/21</u> 19 <u>31</u>		
19. UNDERTAKER (ADDRESS) <u>Rymerburg, Miss. Mo.</u> <u>Harrisonville Mo.</u>		
20. FILED <u>7/20</u> 19 <u>31</u> A <u>8</u> <u>Lang</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-19 1931

22. I HEREBY CERTIFY, That I attended deceased from May 23 ¹⁹³¹ to July 16 1931.
 I last saw him alive on July 16 1931. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset _____
W.A.
25
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19 _____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) J. S. Triplett M. D.
 (Address) Harrisonville Mo.

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.

AUG 25 1931

