

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

Do not use this space.

28372

1. PLACE OF DEATH

County Jackson
Township Franklin
City J.C. Mo. 572 Troost

Registration District No. 389
Primary Registration District No. 3002

File No. 3500
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 572 Troost St. 01 Ward _____

(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 Female 4. COLOR OR RACE Col 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 7th 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>59</u>	<u>0</u>	<u>8</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

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

MOTHER

13. NAME Jim Massingill

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

15. MAIDEN NAME Society Brownough

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

17. INFORMANT Archie Carter
(ADDRESS) 572 Troost

18. BURIAL, CREMATION, OR REMOVAL:
PLACE Clinton Mo DATE 8-19-1931

19. UNDERTAKER R.H. Moore
(ADDRESS) 1820 E 18th J.C. Mo

20. FILED 8-17-1931 M. M. Lawrence Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1931, to Aug 15, 1931.

I last saw him alive on Aug 15, 1931. Death is said to have occurred on the date stated above, at 1:30 m.

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

22R
Pulmonary tuberculosis
Date of onset _____

Other contributory causes of importance: _____

Name of operation 8 Clinical 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?
If so, specify _____

(Signed) [Signature], M. D.
(Address) 1612 E 12

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.

D. L. W. Turner
1612 E. 12th St
Ha 6336