

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

Do not use this space.

28377

1. PLACE OF DEATH

County Jackson
Township Blue
City Reed

Registration District No. 350
Primary Registration District No. 3500

File No. 3505
Registered No. 3505
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 610 Bank St. St. 1 Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 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) May 5th 1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
17 3 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Delivery Boy
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) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME Linus Ples

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

15. MAIDEN NAME Gerlaine Spear

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

17. INFORMANT (ADDRESS) R. C. T. B. Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE West Lawn DATE Aug 17, 1931

19. UNDERTAKER (ADDRESS) Nathan Ashatch

20. FILED 8-17-31 19 3/17/31 M. M. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-14-1931

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1931, to Aug. 14, 1931.
I last saw him alive on Aug. 14, 1931. Death is said to have occurred on the date stated above, at 5:30 a.m.

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

Pulmonary Tuberculosis

Other contributory causes of importance: 23A

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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) H. A. Johnson M. D.
(Address) 1520 - 21st St.

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.

