

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

Do not use this space.

41217

1. PLACE OF DEATH

County Jackson Registration District No. 393

Township Blue Primary Registration District No. 1000

City Leeds mo (No. Leeds Hospital) St. _____ Ward _____

File No. _____

Registered No. 5277

2. FULL NAME

(a) Residence. No. 1608 East 12th St. 2 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

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

Single

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

Feb 29 1909

7. AGE

22

YEARS

10

MONTHS

25

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Texas

(STATE OR COUNTRY)

10. NAME OF FATHER

M. F. Cyrus

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Texas

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Ella Dawson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Texas

(STATE OR COUNTRY)

14.

INFORMANT

Kansas City TB Hospital

(Address)

Leeds mo

15.

FILED

12/31

19 31

M. M. Crowe

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 28 19 31

17. I HEREBY CERTIFY, That I attended deceased from Sept 21, 19 31, to Dec 28, 19 31 that I last saw him alive on Dec 28, 19 31, and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary tuberculosis F.A

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

Kansas City Mo

DID AN OPERATION PRECEDE DEATH

no DATE OF _____

WAS THERE AN AUTOPSY?

no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

Robert + Sputum
W. W. Brinkley

. 19

Kansas City Mo

*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

DATE OF BURIAL

Blue Ridge Lawn

Jan 5 1932

20. UNDERTAKER

ADDRESS

West Appletown

1600 E. 19

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.

2025 RELEASE UNDER E.O. 14176

