

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

Do not use this space.

1367

1. PLACE OF DEATH

County Jackson Registration District No. 198
 Township Rant Primary Registration District No. 100
 City Russell City, Mo. (No. Gen. Hosp # 2)

File No. _____
 Registered No. 431
 St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 1008 Vine 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 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Colored</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>Coleruss Davis</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Unknown</u>		
7. AGE <u>37</u>	YEARS —	MONTHS —
	DAYS —	If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Housewife 235</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Louisiana
 (STATE OR COUNTRY) 2

PARENTS	10. NAME OF FATHER <u>Bricey</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Louisiana</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Sarah</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Louisiana</u> (STATE OR COUNTRY)	

14. INFORMANT (Address) Record Clerk Gen. Hosp # 2

15. FILED 2/3, 1932 Wm. Crowe REGISTRAR
Assr

MEDICAL CERTIFICATE OF DEATH

2
 16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 27 1932
 17. I HEREBY CERTIFY, That I attended deceased from Dec. 30 1931 to Jan. 27 1932
 that I last saw him alive on Jan. 27 1932 and that death occurred, on the date stated above, at 3:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hypostatic Pneumonia
108 (Lobar)
69D (duration) 108 yrs. mos. ds.
 CONTRIBUTORY Septicemia
 (SECONDARY) (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH At Home
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? yes
 WHAT TEST CONFIRMED DIAGNOSIS Cl. Lab. autopsy
 (Signed) Dr. Miller M. D.
 , 19 (Address) Gen. Hospital # 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 Funeral Home DATE OF BURIAL 1-3 1932
 UNDERTAKER Wm. Crowe ADDRESS 1214 Wm

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.

