

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson Registration District No. 330  
 Township Blue Primary Registration District No. 2002  
 City Seeds Station (No. Leeds Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 1269460  
 Registered No. 460

**2. FULL NAME**

(a) Residence. No. 1612 East 25th St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female  
 4. COLOR OR RACE negro  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widow  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 30 1889  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
49 6 6  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work maid 244  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

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

**PARENTS**  
 10. NAME OF FATHER Taylor Clifton  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Arkansas  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Bird Ebona  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Alabama  
 (STATE OR COUNTRY)

14. INFORMANT Manias City T.B. Hospital  
 (Address) Seeds Station

15. FILED 75 32 m.m. Crow  
Ans REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 30 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 20 1930 to Jan 30 1932 that I last saw her alive on Jan 30 1932 and that death occurred, on the date stated above, at 11:15 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pulmonary tuberculosis  
23A Tax Advanced  
93C

(duration) 2 yrs. \_\_\_\_ mos. \_\_\_\_ ds.  
 CONTRIBUTORY (SECONDARY) Myocarditis, chronic  
 (duration) 1 yrs. 1 mos. \_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH Waverly City, Mo

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) W. H. Jackson, M. D.  
St. Stephens

\*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 Blue Ridge Town Cem. DATE OF BURIAL Feb 6 1932

20. UNDERTAKER West Appleton ADDRESS Jan 16 1932

WHOLE FAMILY, 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.

