

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

Do not use this space.

8807

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
 Township Law Primary Registration District No. 1007 Registered No. 1566
 City Madison City (No. New Hospital No. 1) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 394 Forest St., 1 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 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) unknown

7. AGE	YEARS	MONTHS	DAYS	if LESS than 1 day, hrs. or min.
<u>about 55</u>	<u>1</u>	<u>1</u>	<u>1</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown
 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) unknown 31

FATHER 13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) unknown

17. INFORMANT Doyle Bros
(ADDRESS) 1706 S. Grand

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Ave DATE April 21, 1931

19. UNDERTAKER Doyle Bros
(ADDRESS) 1706 S. Grand

20. FILED 4-21-31 1931 M. J. Carver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-15-31

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____
 I last saw him/her _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
 Date of onset _____

Chronic Myocarditis
731
93c
 Other contributory causes of importance:
Chronic indented left ventricle

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

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) Doyle Bros, M. D.
 (Address) 1706 S. Grand

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.

1.17

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