

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

Do not use this space.

23097

✓

**1. PLACE OF DEATH**

48 County Jackson Registration District No. 400  
 Township Prairie Primary Registration District No. 5353B  
 City Little Blue mo (No. Jackson County Home) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 127  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Wm Mounce  
 (a) Residence, No. 2100 Tracy St. \_\_\_\_\_ 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 <u>Male</u>	4. COLOR OR RACE <u>negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unk.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unk.</u>		
7. AGE YEARS <u>About 60</u>	MONTHS	DAYS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		11. Total time (years) spent in this occupation <u>23 1/2</u>
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>		
13. NAME <u>Don't know</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>		
15. MAIDEN NAME <u>Don't know</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>		
17. INFORMANT <u>County Home Records</u> (ADDRESS) <u>Little Blue mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Blue Ridge Tenn. County</u> DATE <u>July 26, 1932</u>		
19. UNDERTAKER <u>Flynn + Greenstreet</u> (ADDRESS)		
20. FILED <u>7-25-32</u> <u>William J. Fields</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

2 **3:30 P.M.**  
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-26-32, 1932  
 22. I HEREBY CERTIFY, That I attended deceased from 7-1-32 to 7-21-32, 1932  
 I last saw him alive on 7-21-32, 1932 Death is said to have occurred on the date stated above, at 3 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Che. Parenchymatous nephritis  
131  
60B of anemia  
 Other contributory causes of importance:  
131 1  
 Date of onset \_\_\_\_\_  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Phys. Exam Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ✓ Date of injury ✓, 1932  
 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) J. W. Booker M. D.  
 (Address) 2200 Vine 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.

REC 94 1932

