

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

Do not use this space.

32248

3775

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City K.C.MO. (No. 707 Locust St.)

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

2. FULL NAME

(a) Residence, No. 707 Locust St. St. 1 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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 2 - 1888

7. AGE YEARS 44 MONTHS 2 DAYS 3 If LESS than 1 day, _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) mo 1

13. NAME Jim Green

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky 1

15. MAIDEN NAME Emma Reed

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO 1

17. INFORMANT Miss Maude Green
(ADDRESS) 2230 Brookline Ave, K.C.MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill Cem DATE 10-10-32

19. UNDERTAKER H.B. Moore
(ADDRESS) 1030 East 10th St, K.C.MO.

20. FILED 10/8 1932 M.M. George Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-5-32 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1932, to Oct. 5, 1932

I last saw him alive on 10-5, 1932 Death is said to have occurred on the date stated above, at 10¹⁵ a.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive lobar pneumonia
10x
130x
10x
Other contributory causes of importance:
Diabetic nephritis
toxaemia

Date of onset _____

Name of operation none Date of _____
What test confirmed diagnosis? Physical, clinical 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 _____, 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? no
If so, specify _____
(Signed) L.B. Williams, M. D.
(Address) 1213 Paseo.

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.

Dr. L. E. Williams

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