

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

Do not use this space.

32334

**1. PLACE OF DEATH**

County Jackson Registration District No. 300  
Township North Primary Registration District No. 3003  
City Barren City No. Reeds Hospital 3003

File No. \_\_\_\_\_  
Registered No. 3003  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 1600 E. 25th St. St. 4 Ward \_\_\_\_\_

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 14 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 negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 16 - 1918

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
14 8 23

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

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) Cotton Plant Ark.

13. NAME Willie Scott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cotton Plant Ark.

15. MAIDEN NAME Tabitha Nurd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cotton Plant Ark.

17. INFORMANT (ADDRESS) Hannah Nurd  
1600 E. 25th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE West Lawn DATE Oct. 15 1932

19. UNDERTAKER (ADDRESS) Adkins Bros.  
2000 E. 12th St.

20. FILED 10-14-32 M. M. Crave  
Asst. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 11 - 1932

22. I HEREBY CERTIFY, That I attended deceased from 8/8/32 to 10-10-32

I last saw her alive on 10-10-32 Death is said to have occurred on the date stated above, at 7 P.M.

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

Tuberculosis Fever  
Tubercula Fever  
23A 23

Date of onset 5-6-32

Other contributory causes of importance: \_\_\_\_\_

Name of operator None Date of \_\_\_\_\_  
What test confirmed diagnosis? Staphylococcus 10

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_

Where did injury occur? at (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) M. M. Crave M. D.  
(Address) \_\_\_\_\_

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.

WHILE IN PRINT, WITH UPDATING INK—THIS IS A PERMANENT RECORD

