

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

Do not use this space.

13428

1. PLACE OF DEATH

County Jackson
Township Har
City J. C. Mo (No. 714 Elmwood)

Registration District No. 809
Primary Registration District No. 4003

File No. _____
Registered No. 1764 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 714 Elmwood St., _____ Ward. _____

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 Fe 4. COLOR OR RACE White 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) Sept-11-1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
58 7 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. seamstress
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.

MOTHER FATHER 13. NAME Mary Bras

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Mattie Sublett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Miss Pearl Bras (ADDRESS) 612 Myrtle Ave,

18. BURIAL, CREMATION, OR REMOVAL PLACE M. M. Wash DATE Apr-21-1933

19. UNDERTAKER Mrs. C. L. Gentry (ADDRESS) 918 Broadway Ave,

20. FILED 421 1933 M. M. Crowl Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April-21-1933

22. I HEREBY CERTIFY, That I attended deceased from March 3 1933, to April 21, 1933

I last saw her alive on April 21, 1933 Death is said to have occurred on the date stated above, at 9:45 Am.

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

Acute Dilatation of the heart Date of onset 4/21/33
930
950 930
Other contributory causes of importance: Chronic myocarditis

Name of operation None Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? X Date of injury X, 19____

Where did injury occur? X (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) Dr. Sydney Johnson M. D.
(Address) 500 1/2 Bryant Blvd
J. C. Mo

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.

J. H. [unclear] Johnson
Bryant [unclear]