

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

Do not use this space.

26527

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Kaw.

Primary Registration District No. 100

City Kansasville Mo. (No. 17th and Forest)

File No. 3269
Registered No. _____
St. _____ Ward _____

2. FULL NAME James Freeman

(a) Residence, No. 1200 E 17th 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 male 4. COLOR OR RACE col. 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) Oct. 27-1924

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 8 90 13 13

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. _____

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) K.C. Mo.

13. NAME Sam Freeman

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

15. MAIDEN NAME May Cotton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) L.A.

17. INFORMANT (ADDRESS) Sam Freeman

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Cem DATE 8-16 1933

19. UNDERTAKER (ADDRESS) Wayle Bros undertaker 708 Tracy

20. FILED 8/16 1933 M. M. Cordery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/10/33 19

22. I, Agnes Carter, that I attended deceased from _____ to _____, 1933. I last saw him alive on _____, 1933. Death is said to have occurred on the date stated above, at _____.

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

Automobile traumatism
Rupture of the liver
Hypertension

Other contributory causes of importance: Pneumonia

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

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

Where did injury occur? at the street (Specify city or town, county, and State)
Specify whether injury occurred in factory, in home, or in public place.

Manner of injury at the street
Nature of injury trunk of automobile

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) [Signature] (Address) DEP-COR

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.

SEP 26 1933

