

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.

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

Do not use this space.

3654

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township _____ Primary Registration District No. _____
City Kansas City (No. Wheatley; Covenant Hospital) St. _____ Ward _____

File No. 3578
Registered No. 3578

2. FULL NAME

(a) Residence, No. 1017 C. 10th St. 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 Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Mae Coffin
7. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1907
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. School Teacher
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. Langston University
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) Miss.
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT (ADDRESS) Lillian Guadette 427 S. 11th St.
18. BURIAL, CREMATION, OR REMOVAL PLACE Western DATE 9-20-33
19. UNDERTAKER (ADDRESS) Nathan W. Thatch 1520 N. 20th St.
20. FILED 9-9-33 19 33 m m crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 6th. 1933
22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 19 33 to Sept 6, 19 33
I last saw him alive on _____, 19 ____ Death is said to have occurred on the date stated above, at 1:00 P.M.
The principal cause of death and related causes of importance were as follows:
Pneumonia
137
111A
151
Other contributory causes of importance
Thrombosis of Pulmonary vessels, subsequent to postoperative pneumonia
Name of operation Pneumotomy Date of 8-25
What test confirmed diagnosis? _____ 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?
If so, specify _____
(Signed) J. C. Cherry _____, M. D.
(Address) 1716 E. 12th St.

