

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

Do not use this space.

29673

1. PLACE OF DEATH

County Jackson Registration District No. 383 File No. _____
 Township Stacy Primary Registration District No. 1002 Registered No. 3597
 City St. Mo. (No. General Hospital #2) St. 3253 Ward _____

2. FULL NAME

(a) Residence, No. 2124 Prospect 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 <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-20-1888</u>		
7. AGE YEARS <u>44</u>	MONTHS <u>11</u>	DAYS <u>19</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Cook</u>		
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) <u>La.</u>		
13. NAME <u>A. L. Howard</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fla.</u>		
15. MAIDEN NAME <u>Christie (?)</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fla.</u>		
17. INFORMANT (ADDRESS) <u>Record Clerk</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Blue Ridge Lawn</u> DATE <u>9/13</u>		
19. UNDERTAKER (ADDRESS) <u>Went bypleton Jones</u> <u>9/16/1933</u>		
20. FILED <u>9/11</u> 19 <u>33</u> <u>M. M. Crane</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-9 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-3 1933, to 9-9 1933
 I last saw her alive on 9-9 1933 Death is said to have occurred on the date stated above, at 5:15 A.M.
 The principal cause of death and related causes of importance were as follows:
Pneumonia Date of onset _____
Arteriosclerosis
Regurgitation
 Other contributory causes of importance:
Stenosis
92A
95C

Name of operation _____ Date _____
 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? _____ 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) A. L. Howard M. D.
 (Address) General Hosp #2

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

627-1-14

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