

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

Do not use this space.

29798

1. PLACE OF DEATH

County Jackson
Township W. C. No.
City General Hospital

Registration District No. 399
Priority Registration District No. 1002

File No. 3723
Registered No. 3rd (Ward)

2. FULL NAME

(a) Residence, No. 2027 Montgall St. Ward.

(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 Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Jennie Butcher
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-1-1873
7. AGE YEARS 60 MONTHS 6 DAYS 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
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) Ala.

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 Record Clerk (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Lave DATE 9-21 1933

19. UNDERTAKER Watkins Bros (ADDRESS)

20. FILED 9/20 1933 m.m. Corove Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-14 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-1 1933 to 9-14 1933

I last saw him alive on 9-14 1933 Death is said

to have occurred on the date stated above, at 10:20 P.M.

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

Tuberculosis Peritonitis Date of onset

Other contributory causes of importance: 25 25

Name of operation None

What test confirmed diagnosis? Culture 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, 1933

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) J. H. Jones M. D.

(Address) Central Hosp. #2

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.

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