

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

Do not use this space.

29885

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Townshp J. C. Mo. Primary Registration District No. 1002  
 City General Hosp. #2 (No. 3811 St. 3rd Ward)

**2. FULL NAME**

(a) Residence, No. 1713 Kansas 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**

**4 MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE Colored 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) 7-17-1916

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
17 22 6 0

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

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) Ark

13. NAME Baeter Givens

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

15. MAIDEN NAME deceased

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

17. INFORMANT (ADDRESS) Record Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 9/27/33

19. UNDERTAKER (ADDRESS) State Hosp Bros

20. FILED 9-27-33 M. M. Crowe Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-23, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-22, 1933 to 9-23, 1933

I last saw her alive on 9-23, 1933 Death is said to have occurred on the date stated above, at 11.5 P.m.

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

Bilateral Bronchopneumonia  
Multiple Rib Fractures  
Acute Toxemia

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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) G. C. Thomas, 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

SEP 20 1933

