

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 309
 Township Bran Primary Registration District No. 1001
 City A. C. Mo. General Hospital #2 (No. 3842 3rd Ward)

2. FULL NAME

(a) Residence, No. 1401 E. 8th 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 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) 2-19-1906

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
27 7 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid
 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) Pleasant Green, Mo.

13. NAME Unknown

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

15. MAIDEN NAME Reese

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

17. INFORMANT (ADDRESS) Reese & Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Leeds, Mo. DATE 9/29th 1933

19. UNDERTAKER (ADDRESS) Wart Appleton Jones
1600 E. 19th

20. FILED 9/29, 1933 M. M. Cerome Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-24 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-10 1933 to 9-24 1933
 I last saw him alive on 9-24 1933 Death is said to have occurred on the date stated above, at 11:00 P.M.

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

Tertiary Lues
Typhemia
 Other contributory causes of importance: Decubitus Ulcers

Name of operation _____ Date of _____
 What test confirmed diagnosis Clinical & Lab. 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) G. D. Jones M. D.
 (Address) General 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.

OCT 20 1933

