

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

Do not use this space.

33138

1. PLACE OF DEATH

County Jackson
Township Brookgrove
City Brookgrove (No. General)

Registration District No. 309
Primary Registration District No. 1002

File No. _____
Registered No. 4072 (Ward)

2. FULL NAME

(a) Residence, No. 811 1/2 Brooklyn Ward. 1

(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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-7-1898

7. AGE YEARS 35 MONTHS 6 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

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

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

MOTHER FATHER 13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT Record (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Lawn DATE 10-16-33

19. UNDERTAKER (ADDRESS) W.B. Moore 1820 E 18th St. KC Mo

20. FILED 10-16-33 1933 M.M. Crowe Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-11-33

22. I HEREBY CERTIFY, That I attended deceased from 10-7-33 to 10-11-33

I last saw him alive on 10-11-33 Death is said to have occurred on the date stated above, at 5:00 m.

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

Acute Septicemia (Date of onset) _____
130
111R 130

Other contributory causes of importance: Chronic passive congestion of the lungs with hypertrophy of the heart

Name of operation _____ Date of _____
What test confirmed diagnosis Cholera + Bat 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 _____

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. O. Daniel M. D.
(Address) Medical Dept #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. NOV 10 1933

