

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

Do not use this space.

36659

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kay Primary Registration District No. 1002
 City Kansas City (No. 1123 East, 28th St.) St. _____ Ward _____

File No. _____
 Registered No. 4582

2. FULL NAME Henry W. Black

(a) Residence, No. 1123 E. 28th Street 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 25th, 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
28 7 27

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

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) Lexington Mo.

13. NAME H. A. Black

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

15. MAIDEN NAME Minnie Wilson

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

17. INFORMANT H. A. Black (ADDRESS) 1123 E. 28th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Osceola Mo. DATE 11/24/33

19. UNDERTAKER W. F. Hayberry (ADDRESS) City

20. FILED Nov. 23, 1933 W. M. Corvine Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1933 to Nov 22, 1933

I last saw him alive on Nov. 22, 1933. Death is said to have occurred on the date stated above, at 2 P.m.

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

Generalized tuberculosis
4 to 5 yrs?

Other contributory causes of importance:

myocarditis

Name of operation None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify _____

(Signed) J. J. Thomsen M. D.

(Address) 11012 Ceryle Ave.

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.

