

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

Do not use this space.

36779

PLACE OF DEATH

County Jackson
Township Blue
City Leeds Station (No. 1082)

Registration District No. 399
Primary Registration District No. 1082
St. Leeds Mo (Ward)

File No. 4702
Registered No. 4702

2. FULL NAME

(a) Residence, No. 2324 Clark Ave Ward. 3
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Negro 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) July 15-1915
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
18 4 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Drug Store Boy
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 Charidy - Geo.

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

15. MAIDEN NAME Roberts - E.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark -

17. INFORMANT K.C. J.B. Hop -
(ADDRESS) Leeds

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE 12-2 1933

19. UNDERTAKER (ADDRESS) H.B. Moore

20. FILED D.C. 1 1933 M.M. Clowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-27 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug-24 1933, to Nov-27 1933.

I last saw him alive on Nov-27 1933. Death is said

to have occurred on the date stated above, at 1:20 a.m.

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

Pulmonary
23
Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis autopsy 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) Paul C. Platt, M. D.

(Address) 725 Argyle Bldg

JAN 26 1934

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MARGIN RESERVED FOR BINDING
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.

