

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

Do not use this space.

36821

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Ray Primary Registration District No. 1002  
 City St. C. Mo. General Hospital (No. 2 St. 3rd Ward)

File No. \_\_\_\_\_  
 Registered No. 4879  
 # 2 St. 3rd Ward

**2. FULL NAME**

(a) Residence, No. 504 E. 3rd 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 <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sadie Johnson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-17-1888</u>		
7. AGE	YEARS <u>45</u>	MONTHS <u>7</u>
	DAYS <u>2</u>	IF LESS than 1 day, ... hrs. or ... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>955</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. <u>107</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N. C.</u>		
FATHER	13. NAME <u>Johnson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT <u>Deborah Clark</u> (Address) <u>Genl Hospital</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Blue Ridge</u> DATE _____ 19 _____		
19. UNDERTAKER <u>Adrian Bues</u> (Address) <u>1100 E. 12th</u>		
20. FILED <u>11/13</u> 19 <u>33</u> <u>M. M. Crowe</u> <u>Registar</u>		

**MEDICAL CERTIFICATE OF DEATH**

**3**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1933, to Nov. 19, 1933  
 I last saw him alive on Nov. 19, 1933 Death is said to have occurred on the date stated above, at 2:30 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Broncho-Pneumonia Date of onset \_\_\_\_\_  
Chronic Gastric Ulcer  
trophy  
 Other contributory causes of importance:  
Atherosclerosis of the Blood vessel

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) J. D. Thomas 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.

1934

23

2

3

4

