

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

40009
Do not use this space.

~~17000~~

JAN 26 1934

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township 3rd Mo. Primary Registration District No. 3rd
 City General Hospital (No. 3rd Ward)

File No. 4806
 Registered No. 3rd

2. FULL NAME

(a) Residence, No. 1233 E. 18th 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-7, 1933

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

22. I HEREBY CERTIFY, That I attended deceased from 11-20, 1933, to 12-7, 1933
 I last saw him alive on 12-7, 1933 Death is said to have occurred on the date stated above, at 10:30 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-5-1897

The principal cause of death and related causes of importance were as follows:
Streptococcal Cellulitis (Date of onset 12-7)
of face - Right side.
Alveolar Abscess
Tapeworm

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 2 2 1

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 3

Other contributory causes of importance:
—

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

13. NAME Levi Hunt

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

Name of operation Clinical Day of —
 What test confirmed diagnosis? — Was there an autopsy? No

15. MAIDEN NAME Minnie Russell

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.

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

17. INFORMANT (ADDRESS) Record Clerk
General Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Ridge Cem DATE 12-11-33, 19—

Manner of injury —
 Nature of injury —

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

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify —
 (Signed) J. O. P. Jones M. D.
 (Address) General Hospital #2

20. FILED 12-8, 1933 M. M. Crowe
Asst. Registrar

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.

WHITE CORNER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

