

AN 26 1934

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

Do not use this space.

40374

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Ray Primary Registration District No. 1001
City R.C. Mo. (No. General Hospital #2) St. 3rd Ward

File No. _____
Registered No. 5184
St. 3rd Ward

2. FULL NAME

(a) Residence, No. 823 E. 10th 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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Hukusow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-25-1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
42 4 26

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

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 Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Record Clerk General Hospital #2

18. BURIAL, CREMATION, OR REMOVAL PLACE West Kansas DATE Jan 8th 1934

19. UNDERTAKER (ADDRESS) Nathan White 1826 N. Oak

20. FILED Dec 31 1933 M. M. Crowe
Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 12-19 1933, to 12-21 1933

I last saw her alive on 12-21 1933 Death is said to have occurred on the date stated above, at 2:50 P.M.

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

Lobar Pneumonia of the right pulmonary lobe.
1038
1148
108

Other contributory causes of importance: Multiple pulmonary abscesses
Tuberculosis

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) B. O. Brown M.D.
(Address) General Hospital #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.

