

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kennett
City Kennett (No. 1111 Belvidere)

Registration District No. 108
Primary Registration District No. 108

File No. 4873
Registered No. 595 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1111 Belvidere 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>negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unk. 1864</u>		
7. AGE	YEARS <u>70</u>	MONTHS DAYS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>unknown</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>		
13. NAME <u>Don't know</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
15. MAIDEN NAME <u>Don't know</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
17. INFORMANT <u>Lusie Brandon Cage</u> (ADDRESS) <u>1114 Vine St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Blue Ridge Luth.</u> DATE <u>2-9-34</u>		
19. UNDERTAKER <u>Flynn + Brewster</u> (ADDRESS) <u>Kennett</u>		
20. FILED <u>2/8 34</u> M. M. <u>Crowe</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-5-34, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/3 1934 to 2/3 1934. I last saw him alive on 2/3 1934. Death is said to have occurred on the date stated above, at 1111 Belvidere St. Kennett, Mo. The principal cause of death and related causes of importance were as follows:
Myocardial infarction following cerebral embolism. Date of onset 2/3/34

Other contributory causes of importance:
108 72A 108

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (injury), 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) W. O. Bradford (Address) 1114 Vine St. Kennett, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

