

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County Ray Registration District No. 65-13
Township Hayti Primary Registration District No. 5864
City _____ (No. _____) St. _____ Ward _____

File No. 5967
Registered No. 321

2. FULL NAME

(a) Residence, No. Hayti, Mo 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. 3 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 8 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. same
10. Date deceased last worked at this occupation (month and year) 1933 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss. Canton

13. NAME Frank White

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss. Vicksburg

15. MAIDEN NAME Susie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss. Canton

17. INFORMANT Wood Jones
(ADDRESS) Hayti, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Morgan City DATE 2-11-1934

19. UNDERTAKER F. J. Smith
(ADDRESS) Hayti, Mo

20. FILED 2-10-1934 J. J. Johnson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-10-1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Tuberculosis of Lung 9-1-23
23 A
Other contributory causes of importance: 23

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? no

If so, specify Dr. Rhodes, Coroner
(Signed) _____
(Address) Hayti, 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

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