

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

Do not use this space.

MAY 25 1934

12790

1. PLACE OF DEATH

County Jackson Registration District No. 300
 Township W. C. Mo. Primary Registration District No. 3000
 City W. C. Mo. (No. General Hospital #2)

File No. _____
 Registered No. 153
 St. 3rd Ward

2. FULL NAME

(a) Residence, No. 1901 Montgall 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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-2, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from 4-1, 1934, to 4-2, 1934

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-1-34

I last saw her alive on 4-2, 1934. Death is said to have occurred on the date stated above, at 1:35 P.M.

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

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

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

Date of onset

Congenital Lesion

Other contributory causes of importance 54

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. C. Mo.

Name of operation _____ Date of _____
 What test confirmed diagnosis Clinical Was there an autopsy? No

13. NAME Eugene Holman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

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)

15. MAIDEN NAME Orsathy Lapsley
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. C. Mo.

Specify whether injury occurred in industry, in home, or in public place.

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

Manner of injury _____
 Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Deeds DATE 4/6, 1934

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

19. UNDERTAKER H. B. Moore
 (ADDRESS) 182 30th St.

(Signed) J. O. Starnes M. D.
 (Address) General Hospital #2

20. FILED Apr. 4, 1934 M. M. Crowe
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.

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

