

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

Do not use this space.

MAY 26 1934

**1. PLACE OF DEATH**

County Jackson Registration District No. 1003 File No. 13057  
 Township St. C. Mo. Primary Registration District No. 2 Registered No. 320  
 City General Hoop #2 (No. 2 St. 3rd Ward)

**2. FULL NAME**

Datie Proctor  
 (a) Residence, No. 1513 G. 12th St., Ward. (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 (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
38 0 2 10

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

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) Mo.

13. NAME Rueben Robinson

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

15. MAIDEN NAME Nicie

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

17. INFORMANT (ADDRESS) Beard Clerk

18. BURIAL, CREMATION, OR REMOVAL

PLACE Highland DATE 4-23 1934

19. UNDERTAKER (ADDRESS) Watkins Bros. Undt. Co.

20. FILED 4-23-34 1729 Hydia Graves Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-20 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-12 1934 to 4-20 1934

I last saw her alive on 4-20 1934 Death is said to have occurred on the date stated above, at 7:57 a.m.

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

Acute dilatation of the heart  
9503  
Acute congestion of the lungs

Other contributory causes of importance:

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 1934

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. Thompson M. D.

(Address) General Hoop #2

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.

REPLACEMENT OF FADING INK—THIS IS A PERMANENT RECORD

1900  
M. 1000