

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

Do not use this space.

MAY 25 1934

13139

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Genl Primary Registration District No. _____
 City Genl (No. General Hosp #3) St. 3rd Ward

2. FULL NAME

(a) Residence, No. 2639 Highland 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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-10-1848
 7. AGE YEARS 84 MONTHS 8 DAYS 16 IF LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed
 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 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
 18. BURIAL, CREMATION, OR REMOVAL PLACE Wathena, Mo DATE 4-28-34
 19. UNDERTAKER (ADDRESS) Gamsay Undertaking Co 36 Joseph, Mo
 20. FILED 4-28 1934 mmcrae Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-26 1934
 22. I HEREBY CERTIFY, That I attended deceased from 4-23 1934 to 4-26 1934
 I last saw him alive on 4-26 1934 Death is said to have occurred on the date stated above, at 12:36 P.M.
 The principal cause of death and related causes of importance were as follows:
Hemorrhagic infarct of right lung
Tuberculous Pericarditis
Atherosclerosis
Hypertrophy of the heart
 Other contributory causes of importance:
 (Name of operation) _____ Date of _____
 What last 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) A. O. Brown M. D.
 (Address) General Hosp #3

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.

