

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

Do not use this space.

17823

**1. PLACE OF DEATH**

90 County Reynolds Registration District No. 7-3-982 File No. \_\_\_\_\_  
 Township Wagon Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Jessie P. Block  
 (a) Residence, No. \_\_\_\_\_ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20-1880  
 7. AGE YEARS 54 MONTHS 0 DAYS 0 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home  
 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) Mo  
 13. NAME Taylor Block  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo  
 15. MAIDEN NAME Sarah Conder  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo  
 17. INFORMANT Alpha Block  
 (ADDRESS) Belington Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Morris cent DATE May 21-1934  
 19. UNDERTAKER (ADDRESS) \_\_\_\_\_  
 20. FILED May 30-1934 Essie Covens  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20-1934  
 22. I HEREBY CERTIFY, That I attended deceased from 6/14-1933 to 5/20-1934  
 I last saw him alive on 6/17-1934 Death is said to have occurred on the date stated above, at 1:00 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Tuberculosis of bowels Date of onset 25  
 Other contributory causes of importance: 25  
 Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no 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) J. P. Kall, M. D.  
 (Address) Belington Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 26 1934

2

Please state undertaker  
and address. We  
must have all  
desired information  
Please sign and  
return.

This Mans coopect was made  
by Jeff Brawley and  
Droy G. Van Buren mo  
& his assisted F. H. of Elmworth mo.  
furnished the material.

S-17823 (1934)

**MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Reynolds  
Township Rogan  
City (No. ....) .....

Registration District No. 748  
Primary Registration District No. 5982

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

James P. Black

(a) Residence, No. .... St., .... Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... Death is said

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 54 0 0

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.  
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

Other contributory causes of importance:

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

Date of onset

FATHER 13. NAME

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

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

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.

MOTHER 15. MAIDEN NAME

Manner of injury Nature of injury

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

24. Was disease or injury in any way related to occupation of deceased? If so, specify

17. INFORMANT (ADDRESS)

(Signed) , M. D.  
(Address)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19. UNDERTAKER (ADDRESS) Crossway, Owen mo H. Fenwick Ellettsville mo

20. FILED July 9, 1934 Essie Evans Registrar.

**SUPPLEMENTARY**

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
STATE OF MISSOURI: DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-17823

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