

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

Do not use this space.

20474

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
 Township Ray Primary Registration District No. 1902 Registered No. _____
 City J.C. Mo. (No. General Hospital #2 St. 3rd Ward)

2. FULL NAME

(a) Residence, No. 612 Charlotte 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 (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-9-1906

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
27 10 7

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Labourer

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) J.C. Mo.

13. NAME A. J. Love

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

15. MAIDEN NAME Maggie Simpson

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

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge L. DATE 8-16 1934

19. UNDERTAKER (ADDRESS) J. K. Fisher 1212 1/2 Ave

20. FILED 6-14 1934 347 N. W. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-13 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-6 1934 to 6-13 1934

I last saw him alive on 6-13 1934 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:

Acute dilatation of the heart
9562

Other contributory causes of importance:
Cardiac Hypertrophy (Pneumatic)

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 _____ 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) E. O. Jones M. D.
 (Address) General Hosp #2

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

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.

JUL 17 1934

