

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

Do not use this space.

20765

1. PLACE OF DEATH

County Jackson
Township Kennett
City Kennett (No. 308 Broadway)

Registration District No. 399
Primary Registration District No. 3907

File No. _____
Registered No. 3112
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 308 Broadway 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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>		
7. AGE YEARS <u>about 50</u>	MONTHS	DAYS
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Common laborer</u>
	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 _____	

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Kansas</u>
	13. NAME <u>Northman</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Kansas</u>
	15. MAIDEN NAME <u>Northman</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Kansas</u>

17. INFORMANT Cremery's Record
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Crem., 7-4-34
Black Ridge Lawn DATE _____ 19____

19. UNDERTAKER Thyrum + Greenstreet
(ADDRESS) Kennett, Mo.

20. FILED July 4 1934
M. M. Crome Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-29-1934

22. I HEREBY CERTIFY that I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. 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:
Heart Protrusion

Date of onset _____

Other contributory causes of importance: W 1911

Name of operation _____ Date of _____

What test confirmed diagnosis Aulogy 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? _____
If so, specify _____
(Signed) [Signature] M. D.
(Address) _____

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.

AUG 21 1934

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