

MAR 20 1935

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

Do not use this space.

1. PLACE OF DEATH

County JacksonTownship JacksonCity J.C. Mo. (No. General Hosp 2)Registration District No. 399Primary Registration District No. 1002File No. 1632Registered No. 5032St. 5032 (Ward)

2. FULL NAME

(a) Residence, No. 300 Gladstone Blvd. 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 <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-15-35</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>Infant</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	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>J.C. Mo.</u>		
FATHER	13. NAME <u>Don't Know</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't Know</u>	
MOTHER	15. MAIDEN NAME <u>Mable Edwards</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>J.C.</u>	
17. INFORMANT (ADDRESS) <u>Record Clerk</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>Leeds Cem.</u>	DATE <u>Feb. 1st</u> 19 <u>35</u>
19. UNDERTAKER (ADDRESS) <u>Wrest, Appleton & Jones</u> <u>J.C. Mo.</u>		
20. FILED <u>Feb. 1, 1935</u> <u>M.M. Crowe, asst.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>1-19</u> 19 <u>35</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>1-15</u> , 19 <u>35</u> to <u>1-19</u> , 19 <u>35</u> I last saw him alive on <u>1-19</u> , 19 <u>35</u> Death is said to have occurred on the date stated above, at <u>2:00 P.M.</u> The principal cause of death and related causes of importance were as follows: <u>Premature Infant</u> <u>15 min.</u> Other contributory causes of importance:
Date of onset
Name of operation
What test confirmed diagnosis <u>Clinical</u> Was there an autopsy? <u>No</u>
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? <u>No</u> If so, specify (Signed) <u>E. S. D. Jones</u> M. D. (Address) <u>General Hosp. #2</u>

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.

