

MAY 24 1935

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

Do not use this space.

1. PLACE OF DEATH

County JacksonRegistration District No. 390Township BayPrimary Registration District No. 1002City St. Joe, Mo.No. General Hosp #2File No. 9463Registered No. 512St. 3rd Ward)

2. FULL NAME

(a) Residence, No. 1118 Independence av. 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) 3-3-18847. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 51 - 208. 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) Texas13. NAME Reverend

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) Record Clerk

18. BURIAL, CREMATION, OR REMOVAL

PLACE Blue Ridge Lawn DATE 4-8- 193519. UNDERTAKER Sarver-Crisp-IRVING (ADDRESS) 1119 E 18th Kansas City Mo20. FILED 4-8 1935 M.M. Crowe, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-23 193522. I HEREBY CERTIFY, That I attended deceased from 3-18 1935 to 3-23 1935I last saw him alive on 3-23 1935 Death is saidto have occurred on the date stated above, at 820 A St.

The principal cause of death and related causes of importance were as follows:

Bilateral Lobar
Pneumonia
108

Other contributory causes of importance:

SepsisName of operation Date of Sp

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence); fill in also the following:

Accident, suicide, or homicide? Date of injury 1935

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

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.

MOTHER FATHER 2 31 31

