

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.

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

Do not use this space.

MAY 27 1935

13181

1. PLACE OF DEATH

County Jackson Registration District No. 400  
Township Piraine Primary Registration District No. 2553B  
City Little Blue Mo. Jackson County, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 89  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 584 Harrison 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

MEDICAL CERTIFICATE OF DEATH

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 <u>unk</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unk</u>		
7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>unemployed</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>Dont know</u>				
13. NAME <u>Dont know</u>				
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont know</u>				
15. MAIDEN NAME <u>Dont know</u>				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont know</u>				
17. INFORMANT <u>County Home Records</u> (ADDRESS) <u>Little Blue Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL <u>Western Dental College</u> DATE <u>5-23-35</u>				
19. UNDERTAKER <u>Phym &amp; Greenstreet</u> (ADDRESS) <u>10 E. Main</u>				
20. FILED <u>4-23-35</u> <u>William J. Fields</u> Registrar.				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-21-35, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-15 —, 1935, to 4-21 —, 1935.  
I last saw him alive on 4-21 —, 1935. Death is said to have occurred on the date stated above, at U. A. M.  
The principal cause of death and related causes of importance were as follows:  
Chr. Parenchymatous Nephritis  
Other contributory causes of importance:  
Uremia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Phy. Exam Was there an autopsy? den

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) W. Booker M. D.  
(Address) 2028 Vine St.

