

SEP 25 1935

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

Do not use this space.

26572

**1. PLACE OF DEATH**

County Jackson  
 Township W. C. Mo.  
 City General Hosp #2 (No. 1002)

Registration District No. 399  
 Primary Registration District No. 1002  
 (No. General Hosp #2)

File No. 1002  
 Registered No. 399 St. 3rd Ward

**2. FULL NAME**

(a) Residence, No. 1812 Holmes St., 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 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) 12-24-1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
58 7 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

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. Mo.

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

13. NAME William Allen

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

15. MAIDEN NAME Louise Berry

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

17. INFORMANT (ADDRESS) Wesley Clark  
General Hosp #2

18. BURIAL, CREMATION, OR REMOVAL

PLACE Maple Hill DATE 8/23 1935

19. UNDERTAKER (ADDRESS) Hatkins Bros  
1729 Lyda

20. FILED Aug 23 1935

Registrar

**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-21 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-31 1935 to 8-21 1935

I last saw him alive on 8-21 1935 Death is said

to have occurred on the date stated above, at 2:05 PM.

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

Rheumatic Type Heart Date of onset

Coronary Disease

Other contributory causes of importance:

Infarct of Right Lung

Myocardial Insufficiency

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 \_\_\_\_\_ 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) W. O. Jones #2, 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.

