

OCT 22 1935

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

Do not use this space.

29074

1. PLACE OF DEATH

County Cole
Township _____
City Jefferson City (No. _____)

Registration District No. 213
Primary Registration District No. 3014

File No. _____
Registered No. 277
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Richard Smith St. _____ Ward _____
(Usual place of abode) Mrs. State Prison

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 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) 3-4-1899

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 36 6 17

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

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) No. Pass Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Wellington DATE 9/21/1935

19. UNDERTAKER (ADDRESS) Thayer-Gordon and Co.

20. FILED 9/21/1935 Osborne M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-21-1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1934, to Sept 21, 1935

I last saw him alive on 9-21-, 1935. Death is said

to have occurred on the date stated above, at 3:45 a.m.
The principal cause of death and related causes of importance were as follows:

carcinoma of the Rectum Date of onset Unknown

Other contributory causes of importance: None

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

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 None
(Signed) W. B. Ricketts, M. D.
(Address) Jefferson City Missouri

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.

