

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

Do not use this space.

NOV 25 1935

29794

**1. PLACE OF DEATH**

Count Jackson Registration District No. 400  
 Township Prairie Primary Registration District No. 5553B  
 City Little Blue Mo Jackson County Home St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 198  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ 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**

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) unk.  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. about 65

OCCUPATION 8. 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. Cardiac & renal insufficiency  
 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 COUNTY) Don't know

FATHER 13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER 15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Mrs. Le Malcaay  
 (ADDRESS) 1646 Cottage

18. BURIAL, CREMATION, OR REINTERMENT ICC no  
Blue Ridge Lawn DATE 10-21-35

19. UNDERTAKER Flynn & Greenstreet  
 (ADDRESS) 1000 W.

20. FILED Oct. 21 1935 William J. Fields  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH** 12:50am

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-29-35, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-15-35, to 9-29-35, 1935  
 I last saw him alive on 9-27-35, 1935. Death is said to have occurred on the date stated above, at 12:50am  
 The principal cause of death and related causes of importance were as follows:

Cardiac & renal insufficiency

Other contributory causes of importance:

Cardiac & renal  
asthma

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 \_\_\_\_\_  
 (Signed) L. W. Booker M. D.  
 (Address) 2028 Vine St.

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.

