

NOV 25 1935

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

Do not use this space.

33026

1. PLACE OF DEATH

County Jackson Registration District No. 400 File No.
Township Prairie Primary Registration District No. 5553B Registered No. 200
City Little Blue (Name of City or Town) Jackson County, Mo. 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 <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wife</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>about 70</u>		
7. AGE YEARS	MONTHS	DAYS
<u>about 70</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. <u>unemployed</u>	11. Total time (years) spent in this occupation.....
	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).....	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
FATHER	13. NAME <u>Don't know</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
MOTHER	15. MAIDEN NAME <u>Don't know</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
17. INFORMANT (ADDRESS) <u>Record Clerk (Co. Home) Little Blue Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <u>Western Memorial Co. 10-24-35</u>		
19. UNDERTAKER (ADDRESS) <u>Flynn + Greenstreet Kansas</u>		
20. FILED <u>Oct 20 1935</u> <u>William J. Fields</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21) DATE OF DEATH (MONTH, DAY, AND YEAR) 10-20-35, 1935

HEREBY CERTIFY, That I attended deceased from Sept 1, 1935, to Oct 20, 1935.
I last saw him alive on Oct 20, 1935. Death is said to have occurred on the date stated above, at 8 P.M.
The principal cause of death and related causes of importance were as follows:

Arctic + critical
Insufficiency
131
Prerenchymatous nephritis

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? By 42 Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 Yes Broken
(Signed) W. J. Fields, M. D.
(Address) 2028. Vine

Date of onset

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY. Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 400
 Township Prairie Primary Registration District No. 35-5313
 City Joplin (No. _____) 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 <u>m</u>		4. COLOR OR RACE <u>w</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Wid.</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)					
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.					
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)					
13. NAME					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)					
15. MAIDEN NAME					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)					
17. INFORMANT (ADDRESS)					
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19__					
19. UNDERTAKER (ADDRESS)					
20. FILED <u>Jan 8 1936</u> <u>36 William T. Field</u> Registrar					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-20 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Other contributory causes of importance: parenchymatous nephritis - Chronic

Name of operation _____ Date of _____

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 _____, 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

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.

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