

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.

DEC 26 1935

36120

1. PLACE OF DEATH

County Jackson
Township New
City J. C. Mo. (No. 1524)

Registration District No. 399
Primary Registration District No. 1002
File No. 5731
Registered No. 1524 St. Laura Ward

2. FULL NAME

(a) Residence, No. 1524 Laura St., Ward.

(Usual place of abode) Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura Allen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 19-1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 10 26

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

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) Virginia

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 Albin J. Brown (ADDRESS) 1524 Laura

18. BURIAL, CREMATION, OR REMOVAL PLACE Int. Hospital DATE Nov 16 1935

19. UNDERTAKER Rose + Henderson (ADDRESS) 150 Jackson

20. FILED Nov 16 1935 M. J. Carowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 13 1935 to Nov 14 1935

I last saw him alive on Nov 14 1935 Death is said to have occurred on the date stated above, at 6:30 a.m.

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

Lobar Pneumonia Date of onset Nov 13

Other contributory causes of importance:

Chr. Valvular Heart Disease
Cardiac Decomposition
Hypertension

Name of operation None Date of Nov 14

What test confirmed diagnosis? Culture Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? L Date of injury L, 1935

Where did injury occur? L (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury L Nature of injury L

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Reed Perry M. D. (Address) 11800 E 74 St.

Dr. Edmonds (Berry)