

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

Do not use this space.

JAN 23 1935

36362

1. PLACE OF DEATH

County Jackson
Township Page
City J.A.C. Mo. (No. General Hosp. #2)

Registration District No. 399
Primary Registration District No. 11002

File No. _____
Registered No. 3rd (Ward)

2. FULL NAME

(a) Residence, No. 1105 E. 4th 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>Colored</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____ | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-6-1882</u> | | |
| 7. AGE YEARS <u>53</u> | MONTHS <u>10</u> | DAYS <u>23</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labourer</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>Mo.</u> | | |
| 13. NAME <u>Don't know</u> | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> | | |
| 15. MAIDEN NAME <u>Unknown</u> | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> | | |
| 17. INFORMANT <u>Record Clerk</u> (ADDRESS) <u>General Hospital #2</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>deeds</u> DATE <u>Dec 5 35</u> | | |
| 19. UNDERTAKER <u>A. Moore</u> (ADDRESS) <u>1110 E 18th</u> | | |
| 20. FILED <u>Dec 10 35 m. H. Cerove</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-29, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-24, 1935 to 11-29, 1935

I last saw him... alive on 11-29, 1935 Death is said to have occurred on the date stated above, at 1:50 P.M.

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

Date of onset _____

Other contributory causes of importance: _____

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? No
If so, specify _____
(Signed) J. O. Dyer, 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.

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