

JAN 23 1936

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

Do not use this space.

33602

4744

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township 1st Primary Registration District No. _____
City Jackson, Mo. (No. General Hosp. #2 St. 3rd Ward)

2. FULL NAME

(a) Residence, No. 2419 Highland S. Ward. (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-20-1887

7. AGE YEARS 48 MONTHS 3 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

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

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) La.

13. NAME Emanuel Wood

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

15. MAIDEN NAME Margaret Lucey

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

17. INFORMANT Record Clerk

18. BURIAL, CREMATION, OR REMOVAL Blue Ridge Lawn DATE 12-14 1935

19. UNDERTAKER Thynn & Greenstreet

(ADDRESS) 1819 E. 15th St.

20. FILED 12/14 1935 mmbrown Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-11 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-17 1935 to 12-11 1935

I last saw her alive on 12-11 1935 Death is said to have occurred on the date stated above, at 5:00 P.M.

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

Pneumonia, peri-renal Abscess & sub-phrenic Abscess (left)

Other contributory causes of importance: Post-operative Adhesions & fecal fistula on anterior wall of abdomen; Recto-vaginal fistula; Diaphragm

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

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. C. Jones

(Address) General Hosp. #2

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.

