

JAN 23 1935

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

Do not use this space.

39769

1. PLACE OF DEATH

County Jackson Registration District No. 300
Township Jackson Precinct Registration District No. 1100
City Jackson City (No. New Post #2) St. Jackson Ward

2. FULL NAME

(a) Residence, No. 571 Harrison St. Ward. (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 M 4. COLOR OR RACE col 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) May 12 - 1913

7. AGE YEARS 22 MONTHS 9 DAYS 6 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as aptianer, sawyer, bookkeeper, etc. Truck driver

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) Missouri

13. NAME John White

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

15. MAIDEN NAME Mary Owen

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

17. INFORMANT Leroy Green (ADDRESS) 571 Harrison

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Lumber DATE Dec 28 1935

19. UNDERTAKER Leroy Green (ADDRESS) 114 E 18th St.

20. FILED 12/26 1935 M. M. Crowe, asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY AND YEAR) 12/18/35

22. HEBERT That attended deceased from 12/18/35 to 12/18/35

I last saw him alive on 6-30-35 Death is said to have occurred on the date stated above at 6:30 p.m.

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

Acute cellulitis of thigh
Acute pericarditis

Other contributory causes of importance:

Name of operation No Date of 12/18/35

What test confirmed diagnosis Autopsy Was there an autopsy Yes

23. If death was due to external cause (violence), fill in the following: Accident, suicide, or homicide

Where did injury occur at home (Specify city or town, county, and State)

Specify whether injury occurred in a factory, in home, or in public place.

Manner of injury Trauma by firearms

Nature of injury gunshot

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) [Signature] M. D.

(Address) [Address]

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.

