

JAN 28 1935

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

Do not use this space.

39886

1. PLACE OF DEATH

County Jackson
Township Jackson
City Jackson Mo. (No. General Hosp. #2)

Registration District No. 399
Primary Registration District No. 1007

File No. 5033
Registered No. 5033
St. 3rd Ward

2. FULL NAME

(a) Residence, No. 257 1/2 3rd 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 <u>Female</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 OR (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7 June 1885</u>		
7. AGE	YEARS	MONTHS
<u>50</u>	<u>6</u>	<u>months</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		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. Data deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
13. NAME <u>Unknown</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 (ADDRESS) <u>Records Clerk, General Hospital #2</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Blue Lodge</u> DATE <u>Jan 10</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>Wm. G. Hunter, San City</u>		
20. FILED <u>Dec 31</u> 19 <u>34</u> <u>M. M. Brown</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-26 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-20 1935 to 12-26 1935
I last saw her alive on 12-26 1935 Death is said to have occurred on the date stated above, at 8:30 P. M.
The principal cause of death and related causes of importance were as follows:
Leban Pneumonia (Left)
Chronic Degenerative Proctitis
Other contributory causes of importance:
None

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

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) at Duquesne 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.

31
31

