

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

Do not use this space.

FEB 17 1936

1. PLACE OF DEATH

County Buchanan
Township St Joseph
City St Joseph (No. 1303 Ward 2nd)

Registration District No. 85
Primary Registration District No. 1001

File No. 285
Registered No. 84
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1303 n 2nd 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. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 10 - 1859</u>		
7. AGE YEARS <u>77</u>	MONTHS <u>00</u>	DAYS <u>11</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>"</u>		
10. Date deceased last worked at this occupation (month and year) <u>"</u>		
11. Total time (years) spent in this occupation <u>"</u>		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Brunswick Mo

13. NAME
Alexander Hill

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

15. MAIDEN NAME
unknown

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

17. INFORMANT (ADDRESS)
Strude Palmer
1303 n 2nd St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE 2nd Mortuary DATE Jan 25 1936

19. UNDERTAKER (ADDRESS)
Bursey's Mortuary
944 Olive St.

20. FILED 1/22 1936 John R. Bender
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 9 1936 to Jan 21 1936
I last saw him alive on Jan 21 1936 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Cerebral thrombosis
Date of onset 1936

Other contributory causes of importance:
Chronic Indurated Nephritis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

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. H. Lee, M. D.
(Address) St. Joseph Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

