

FEB 20 1936

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

Do not use this space.

1666

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township 100 Primary Registration District No. 100
City A.C. Mo. (No. General Hoop #2) St. 3rd Ward

File No. 520
Registered No. 366

2. FULL NAME

(a) Residence, No. 1407 Pine 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>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u> </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12 - Jun - 1892</u>		
7. AGE	YEARS <u>43</u>	MONTHS <u>2</u>
	DAYS <u>Unk</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Unemployed</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) <u>Texas</u>		
FATHER	13. NAME <u>Unk Raven</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tex</u>	
MOTHER	15. MAIDEN NAME <u>Unk Raven</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unk Raven</u>	
17. INFORMANT (ADDRESS) <u>Record Clerk General Hoop #2</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Deeds Mrs</u> DATE <u>Feb 24</u> 19 <u>36</u>		
19. UNDERTAKER (ADDRESS) <u>A.B. Mooty 1826 E 18 St</u>		
20. FILED <u>1/31 - 1936 M. M. Brown</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-14, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-8, 1936, to 1-14, 1936.
I last saw her alive on 1-14, 1936. Death is said to have occurred on the date stated above, at 7:15 A.M.
The principal cause of death and related causes of importance were as follows:
Bilateral Lobar Pneumonia Date of onset
Acute Tuberculo-Purulent Pleurisy
Other contributory causes of importance:
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence, fall, etc.), 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. Currier M. D.
(Address) General Hoop #2

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

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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