

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

Do not use this space.

MAR 19 1936

5700

1. PLACE OF DEATH

County Jackson
Township Independence
City Independence (No. Independence)

Registration District No. 398
Primary Registration District No. 3019

File No.
Registered No. 53 St. Ward)

2. FULL NAME

(a) Residence, No. 135 West Linden, 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from 19....., to....., 19.....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-11-1902

I last saw h..... alive on....., 19..... Death is said

7. AGE YEARS 33 MONTHS 6 DAYS 23 If LESS than 1 day, hrs. or min.

to have occurred on the date stated above, at 2130 S
The principal cause of death and related causes of importance were as follows:

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

Lobar Pneumonia Date of onset

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

1490

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Nebraska

Child - Birth

13. NAME Henry Thompson

Name of operation..... Date of.....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bedford Nebraska

What test confirmed diagnosis? clinical Was there an autopsy?.....

15. MAIDEN NAME Thompson

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Nebraska

Where did injury occur?..... (Specify city or town, county, and State)

17. INFORMANT Mack Courtland (ADDRESS) 135 W Linden Street

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn Cemetery DATE Feb. 10th, 1936

Manner of injury.....

19. UNDERTAKER Frederic S. Carson (ADDRESS) 2130 S Linden St.

Nature of injury.....

20. FILED 2-10-36 D. L. Cook Registrar

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

If so, specify..... (Signed) Dullma M. D.

(Address) 10307 Linden Ave KC 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.

MAR 18 1957