

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

Do not use this space.

MAR 21 1936

6146

1. PLACE OF DEATH

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

Registration District No. 399
Primary Registration District No. 1002

File No.
Registered No. 984
St. 3rd Ward

2. FULL NAME

(a) Residence, No. 1709 10. 1750 Ward.

(Usual place of abode)

(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 Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Beach

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-15-1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 3 3

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Labourer

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) Miss.

13. NAME Don't Know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) Richard Clark
K. 6 General Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE Leeds DATE Feb 29th 1936

19. UNDERTAKER (ADDRESS) Street, W. J. Platon Jones
K. 10. 3rd

20. FILED 24, 1936 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-18, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-5, 1936 to 2-18, 1936

I last saw him alive on 2-18, 1936 Death is said to have occurred on the date stated above, at 10:50 P.M.

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

Unresolved Date of onset 100
Lobar Pneumonia

Other contributory causes of importance:
Abscess of Right Lung

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?.....
If so, specify.....

(Signed) A. D. Brown, M. D.
(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.

