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.

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

Do not use this space.

6206

1. PLACE OF DEATH MAR 21 1936

County Jackson — Registration District No. 399 — File No.

Township ~~[illegible]~~ — Primary Registration District No. 1002 — Registered No. 1027

City K.C.Mo. (No. 2nd front St. Ward)

2. FULL NAME James Brasfield

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown

7. AGE: YEARS appearant 60 — MONTHS — DAYS — If LESS than 1 day, hrs. or min.

OCCUPATION

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

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): Mo

FATHER

13. NAME: Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): L.P. Richardson, 1832 Vine

18. BURIAL, CREMATION, OR REMOVAL

PLACE Blue Ridge Lawn DATE 2-24, 1936

19. UNDERTAKER (ADDRESS): H.B. Moore, 1820 E. 18th

20. FILED 7/26, 1936 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-8-36, 19

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

I last saw him alive on 19 Death is said to have occurred on the date stated above, at 1:15 P.M.

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

Date of onset

Freezing

Excessive cold

Other contributory causes of importance: 190

Name of operation — Date of

What test confirmed diagnosis? Inspection — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident — Date of injury 2-8, 1936

Where did injury occur? 1st and Gunnett St. (Specify city or town, county, and State)

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

Manner of injury Freezing by exposure

Nature of injury to cold

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

If so, specify

(Signed) Lucian P. Richardson, M. D.

(Address) 1832 Vine