

APR 20 1936

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

Do not use this space.

11090

1. PLACE OF DEATH

County Jackson Registration District No. 409 File No. _____
Township Prairie Primary Registration District No. 5553B Registered No. 58
City Little Blue Jackson County Paul St. _____ Ward) _____

2. FULL NAME

(a) Residence _____ St., _____ 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 male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unk

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
abt 69

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) unk

MOTHER FATHER 13. NAME unk

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

15. MAIDEN NAME unk

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

17. INFORMANT County Home Records
(ADDRESS) Little Blue Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Deacon Mo DATE 3-19-36

19. UNDERTAKER Flynn + Greenstreet
(ADDRESS) Keosauqua

20. FILED Feb 18 1936 William J. Field
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-15-36 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1936, to March 15, 1936

I last saw him alive on March 15, 1936. Death is said to have occurred on the date stated above, at 12 m.

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

Date of onset _____

Cortic + Metrol

Insufficiency

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), fill in also the following:
Accident, suicide, or homicide? L Date of injury L, 1936

Where did injury occur? L

(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 V

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

If so, specify _____

(Signed) W. Booker, M. D.

(Address) 2628 Vine St.

