

MAY 21 1936

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

Do not use this space.

15584

1. PLACE OF DEATH

County Jackson Registration District No. 400
Township Prussia Primary Registration District No. 6553B
City Little Blue Mo. Co. Mo. St. Mo. Ward

File No.

Registered No. 117

2. FULL NAME

(a) Residence, No. 620 E. 6th 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 Male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

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

7. AGE abt 64 YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.

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) Don't know

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) C.H. Records

18. BURIAL, CREMATION, OR REMOVAL Blue Ridge Lawn RCWO 4-23-36

19. UNDERTAKER (ADDRESS) Wm. H. Booker

20. FILED 4/23 1936 William Fields Registrar.

MEDICAL CERTIFICATE OF DEATH 9:30 am

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-20-36 1936

I HEREBY CERTIFY, That I attended deceased from March 15, 1934 to 4-20-36, 1936

I last saw him alive on 4-20-36, 1936 Death is said

to have occurred on the date stated above, at 9:30 am

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

Chronic Parenchymatous Nephritis Date of onset 1931

Other contributory causes of importance:

Name of operation none Date of 4-20-36

What test confirmed diagnosis? Phys. & Lab. Was there an autopsy? no

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) H.W. Booker, M. D.

(Address) 2028 Vine St

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.

