

JUL 18 1936

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

Do not use this space.

18967

1. PLACE OF DEATH

County Bole

Registration District No. 213

Township

Primary Registration District No. 3014

City Jefferson City, Mo. (No. _____)

File No. _____

Registered No. 172

St. _____ Ward _____

2. FULL NAME

(a) Residence No. 526 Locust 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) supposed 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. about 66 — —

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

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) Bole county Mo

13. NAME James Price

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

15. MAIDEN NAME Margie Hamilton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Orleans

17. INFORMANT Mrs Bertha Kelley

(ADDRESS) Jeff, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New City Cemetery DATE June 26 1936

19. UNDERTAKER L. D. Hadkinson

(ADDRESS) J. C. road

20. FILED 6/13/36 1936 subscribed M.H. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31st, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 25th, 1936, to May 30th, 1936

I last saw him alive on May 30th, 1936 Death is said to have occurred on the date stated above, at 12 A.m.

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

Concussion of the brain

Date of onset

Other contributory causes of importance:

Dysentery and uremia

Name of operation None Date of _____

What test confirmed diagnosis? _____ 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 May 24 1936

Where did injury occur? Fell backwards off porch

(Specify city or town, county, and State)

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

Home, 526 Locust St.

Manner of injury Concussion of brain

Nature of injury CAUSED FROM FALL

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify _____

(Signed) [Signature], M. D.

(Address) Jefferson City, 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.

RECORD THIS IS A PERMANENT RECORD

