

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

Do not use this space.

JUL 24 1936

22769

1. PLACE OF DEATH

County Jackson Registrar District No. 399
 Township Jackson Primary Registration District No. 1093
 City Kansas City (No. 110) Waldo T. B. Hospital (St. 1 Ward)

File No. 2683
 Registered No. 2683

2. FULL NAME

(a) Residence, No. 1748 Virginia Ward. 8
 (Usual place of abode)
 Length of residence in city or town where death occurred 7 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 <u>M</u> | 4. COLOR OR RACE <u>negro</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 10-1894</u> | | |
| 7. AGE | YEARS <u>42</u> | MONTHS <u>3</u> |
| | DAYS <u>22</u> | IF LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u> | |
| | 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 |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1936
 22. I HEREBY CERTIFY, That I attended deceased from March 30, 1936, to June 1, 1936
 I last saw her alive on Feb 1, 1936 Death is said to have occurred on the date stated above, at 1:57 p. m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis
 Date of onset
 Other contributory causes of importance: none

Name of operation none Date of none
 What test confirmed diagnosis? Spittum 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? no
 If so, specify.....
 (Signed) J. K. G. B. Wood, M. D.
 (Address) Waldo T. B. Hospital

| | |
|--------|--|
| FATHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u> |
| | 13. NAME <u>Bryant George</u> |
| MOTHER | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u> |
| | 15. MAIDEN NAME <u>Watson - Nellie</u> |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ark.</u> |
| | 17. INFORMANT <u>K. C. J. Wood</u> (ADDRESS) <u>Seeds Station</u> |
| | 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Leeds Cemetery</u> DATE <u>6-4</u> 19 <u>36</u> |
| | 19. UNDERTAKER <u>Wm. Appleton Jones</u> (ADDRESS) <u>1600 E. 19 St.</u> |
| | 20. FILED <u>6/3</u> , 19 <u>36</u> <u>M. M. Brown</u> Registrar. |

