

061 15 1936

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

Do not use this space.
26922-a
4311

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Princeton Primary Registration District No. 102
City Princeton, Mo. (No. General Hoop #2 3rd Ward)

2. FULL NAME

(a) Residence, No. 1816 Tracy St., Princeton Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yr. mos. ds. How long in U. S., if of foreign birth? yr. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-27-1899</u>		
7. AGE YEARS <u>37</u>	MONTHS <u>3</u>	DAYS <u>14</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer</u>		If LESS than 1 day,hrs. ormin.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation.....
10. Date deceased last worked at this occupation (month and year).....		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
13. NAME <u>Madison Ross</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
15. MAIDEN NAME <u>Matilda Ann Washburn</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
17. INFORMANT (ADDRESS) <u>Record Clerk</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Blue Ridge</u> DATE <u>8-12-36</u>		
19. UNDERTAKER (ADDRESS) <u>J. J. Fierstein</u>		
20. FILED <u>19-23-36 M. M. Crowe and Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-11 19 36

22. I HEREBY CERTIFY, That I attended deceased from 7-6 3:30 7-11 5:50 A.M. 19 36

I last saw him alive on 7-11 19 36 Death is said to have occurred on the date stated above, at 5:50 A.M.

The principal cause of death and related causes of importance were as follows:
Diverticulitis of the Sigmoid Colon with Abscess Formation

Other contributory causes of importance:
Multiple Metastatic Abscesses of Liver

Name of operation Hepatectomy Date of 7-12-36

What was confirmed diagnosis? Hepatic Abscess 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. J. Fierstein M.D.
(Address) General Hoop #2

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.

