

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

Do not use this space.

SEP 29 1936

31169

1. PLACE OF DEATH

County Jackson
Township Blair
City St. Charles (No. General Hosp. #2)

Registration District No. 399
Primary Registration District No. 300

File No.
Registered No. SPD No. 8
St. 3rd Ward

2. FULL NAME

(a) Residence, No. 3621 Blair St., Ward.

(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 <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-5-1877</u>		
7. AGE	YEARS	MONTHS
	<u>59</u>	<u>6</u>
		DAYS
		<u>17</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>House maid</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.....	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
MOTHER	13. NAME <u>Mutt Jackson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
	15. MAIDEN NAME <u>Josephine Johnson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>	
17. INFORMANT <u>Record Clerk</u> (ADDRESS)		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Bluff rd. Cum. Aug. 27 1936</u>		
19. UNDERTAKER <u>Wm. W. Pappas & Sons</u> (ADDRESS)		
20. FILED <u>8-26-1936</u> <u>M. M. Crowe, Jr.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-22, 1936

22. I HEREBY CERTIFY, That-I attended deceased from 8-6 at 8-22 to 8-22, 1936
I last saw her alive on 8-22, 1936. Death is said to have occurred on the date stated above, at 5:55 PM.
The principal cause of death and related causes of importance were as follows:
Takes Moralis Date of onset

Other contributory causes of importance
Chronic Glomerulo-nephritis

Name of operation Clinical Date of No
What test confirmed diagnosis? No 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) General Hosp. #2 M. D.
(Address) General Hosp. #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.

