

OCT 21 1936

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

Do not use this space.

34672

4419

## 1. PLACE OF DEATH

County Jackson

Registration District No. ....

Township 1st

Primary Registration District No. ....

City St. Mo. (No. General Hosp #2 St. 3rd Ward)File No. ....  
Registered No. ....

## 2. FULL NAME

(a) Residence, No. 1820 E. 16th 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<br><u>Male</u>  | 4. COLOR OR RACE<br><u>Colored</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE of |                                    |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-8-1881</u>      |                                    |   |
| 7. AGE YEARS<br><u>55</u>                                    | MONTHS<br><u>7</u>                 | DAYS<br><u>20</u>   |
| If LESS than 1 day, ..... hrs. or ..... min.                 |                                    |   |

|            |  |
|------------|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Laborer</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) Ark.13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Record Clerk18. BURIAL, CREMATION, OR REMOVAL Lead, Mo. DATE Oct. 15-193619. UNDERTAKER Wentz & Peterson(ADDRESS) 1905 Vermont St.20. FILED 10-2-1936

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-28, 193622. I HEREBY CERTIFY, That I attended deceased from 9-26, 1936 to 9-28, 1936I last saw him alive on 9-28, 1936 Death is saidto have occurred on the date stated above, at 11:30 A.M.

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

Gangrenous Date of onsetAppendicitis(Ruptured)

Other contributory causes of importance:

Sepsis12/2

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

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) D. O. Brown M. D.(Address) General Hosp. #2

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

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.



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