

NOV 16 1936

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

Do not use this space.

37916

1. PLACE OF DEATH

County Jackson Registration District No. 309 File No. _____
Township _____ Primary Registration District No. 309 Registered No. 4112
City Jefferson (No. General Hosp #2 St. 3rd Ward)

2. FULL NAME

(a) Residence, No. 1713 Forest St., _____ Word. _____
(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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____
(Give name of _____)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-7-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 7 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Alabama

MOTHER 13. NAME Henry Storey

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

15. MAIDEN NAME Sarah J.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

17. INFORMANT Record Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Lumber Co. Oct. 31, 1936

19. UNDERTAKER (ADDRESS) West Abbeilton Jones 1905 Vine St

20. FILED 10-30-36 M. M. Crowe, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-21-1936

22. I HEREBY CERTIFY, That I attended deceased from 10-19-36 to 10-21-36, 1936.
I last saw him alive on 10-21-1936. Death is said to have occurred on the date stated above, at 3:30 A.M.

The principal cause of death and related causes of importance were as follows:
Lytic Type Heart Disease Date of onset _____

Other contributory causes of importance: Decompensation

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, 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) P. O. Purman 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.

100-3-27-35

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