

DEC 20 1936

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Leas
City K.C. Mo (No. 2214 1/2 E 18th)

Registration District No. 399
Primary Registration District No. 10091

File No. 41498
Registered No. 5100
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2214 1/2 E 18th 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 Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
42

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

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) Calhoun Mo13. NAME Henry Davis14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know15. MAIDEN NAME Don't know16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know17. INFORMANT (ADDRESS) Floyd Davis18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Clinton, Mo19. UNDERTAKER (ADDRESS) Wilkerson Undert Co20. FILED 11-30 1936 M. M. Cloward Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-28-1936

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____
I am a _____ 19____
Death is said to have occurred on the date stated above, at 5:00 A.M.
The principal cause of death and related causes of importance were as follows:

Accidental fall
Fracture of Cervical Spine

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis Autopsy Was there an autopsy? ye

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? Acc. Date of injury 11-28-36

Where did injury occur? 2214 1/2 E 18th (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury _____

Nature of injury acc fall down steps24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Lucian P. Richardson D.(Address) 1832 Five

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.

