

FEB 25 1937

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

Do not use this space.

1. PLACE OF DEATH

County JACKSON Registration District No. _____
Township NAW Primary Registration District No. _____
City NO. MO (No. Fairmount Hosp)

File No. 49487
148
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1414 E 27 St. FAIRMOUNT HOSP.
(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 WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 29/36

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27 11 10 30 min.

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

MOTHER 13. NAME John Wright
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grove OKLA

15. MAIDEN NAME Mable Hoffman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ADAIR OKLA

17. INFORMANT FAIRMOUNT HOSP
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hill DATE Nov 2 1936

19. UNDERTAKER Doehner & Co
(ADDRESS) 1415 E 15

20. FILED 12-31 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 29 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 29 1936 to Oct 29 1936

I last saw him alive on 9.25 9.30 1936 Death is said to have occurred on the date stated above, at _____ m.

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

Date of onset

Stillborn

Other contributory causes of importance:

Violent insertion of cord.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) Frederick J. ... M. D.

(Address) 510 Prof Bldg.

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.

