

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

Do not use this space.

FEB 25 1937

1282

1. PLACE OF DEATH

County *Jackson*

Registration District No. ....

File No. ....

Township *Franklin*

Primary Registration District No. ....

Registered No. ....

City *W.C. Mo.* (No. *General Hosp. #2*) St. *Old* Ward *Old*

2. FULL NAME

(a) Residence, No. *3434 Paseo* 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 *Male* 4. COLOR OR RACE *Colored* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

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. *85*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Yard Man*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *237*  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation. *31*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tenn. 31*

13. NAME *Unknown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT (ADDRESS) *Record Clerk General Hospital*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Luke's* DATE *1-10 1937*

19. UNDERTAKER (ADDRESS) *Wells 454 Fechtley*

20. FILED *1-6 1937* *M. M. Crowe, M.D.* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *1-4*, 19 *37*

22. I HEREBY CERTIFY, That I attended deceased from *1-1 1937* to *1-4 1937*

I last saw him alive on *1-4 1937* Death is said to have occurred on the date stated above, at *3:50 P.M.*

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

*Acute Dilatation of the Heart*

*Sclerotic Type Heart*

Other contributory causes of importance *None*

*Generalized Arteriosclerosis*

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 *As*  
Nature of injury *As*

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify .....  
(Signed) *J. O. Jones, M.D.* # D  
(Address) *General Hosp. #2*

N. B.—Every item of information should be carefully supplied. A complete statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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