

MAR 13 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. 377 File No. 6243
Township Ray Primary Registration District No. 1002 Registered No. 622
City Ray, Mo. (No. General Hosp. #2 St. 2d Ward)

2. FULL NAME

(a) Residence, No. 2534 Michigan Ward. 1
(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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Beverett O'Neal

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-9-1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25 9 22

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Hosp. #2

10. Date deceased last worked at this occupation (month and year) Jan. 27, 1937 11. Total time (years) spent in this occupation 8 Mos.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

13. NAME Geo. Lovelady

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

15. MAIDEN NAME Frankie Bass

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

17. INFORMANT (ADDRESS) Record Dept. General Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Arsons, Mo. DATE 11/4

19. UNDERTAKER (ADDRESS) Hatkins Bros. 124 Lydia

20. FILED 27 3 37 M.M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-31, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-31, 1937, to 1-31, 1937

I last saw her alive on 1-31, 1937. Death is said to have occurred on the date stated above, at 6:30 P.M.

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

Edema of Glottis
Retro-Pharyngeal Abscess
11502

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, or homicide? _____ Date of injury _____

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) G. S. Swann M. D.
(Address) General Hosp. #2

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.

1935
2
1

