

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 8 1937

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

Do not use this space.

9690

1. PLACE OF DEATH

County Jackson  
Township Ray  
City Ray Mo. (No. 2)

Registration District No. 399

Primary Registration District No. 11002

File No. 11002

Registered No. 11002

St. General Hosp #2 St. 3rd Ward

2. FULL NAME

(a) Residence, No. 2314 Highland Ward. 1

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-18 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) None

22. I HEREBY CERTIFY, That I attended deceased from 3-10 1937 to 3-18 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26, 1866

I last saw him alive on 3-18 1937 Death is said to have occurred on the date stated above, at 1:20 P.M.

7. AGE YEARS 70 MONTHS 4 DAYS 22 If LESS than 1 day, .....hrs. or .....min.

The principal cause of death and related causes of importance were as follows: Cerebral Hemorrhage Date of onset 3-18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None  
10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation None

with Right Sided Paralysis 82%  
Other contributory causes of importance: Essential Hypertension

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

Name of operation Clinical Date of None  
What test confirmed diagnosis Clinical Was there an autopsy? No

13. NAME Alfred Ross

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

15. MAIDEN NAME Ethelene Whitmore

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

17. INFORMANT (ADDRESS) General Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 3/27 1937

19. UNDERTAKER (ADDRESS) Hatchers Bros 1729 N. 1st

20. FILED Apr 22, 1937 M. M. Growe Registrar

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 None  
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) J. C. Burrey M. D.  
(Address) General Hosp #2

