

APR 8 1937

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

Do not use this space.

9791

1. PLACE OF DEATH

County Jackson
Township Howe
City Howe Mo. (No. General Hosp #2)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 1538
St. 3rd (Ward)

2. FULL NAME

(a) Residence, No. 2418 Frost 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-27-1924

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
13 - 26

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Student
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) Okla.

13. NAME Ellis A. Carter

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

15. MAIDEN NAME Lola Isaiah

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

17. INFORMANT (ADDRESS) Record Clerk, General Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 3/29 1937

19. UNDERTAKER (ADDRESS) Watkins Bros. 1729 Lydia

20. FILED Mar 29 1937 M. M. Crow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-25-1937

22. I HEREBY CERTIFY, That I attended deceased from 3-25, 1937, to 3-25, 1937.
I last saw him alive on 3-25, 1937. Death is said to have occurred on the date stated above, at 7:03 P.M.

The principal cause of death and related causes of importance were as follows:
Acute Parenchymatous Nephritis (Acute) secondary to Gonorrhea
Other contributory causes of importance:
Acute Pulmonary Edema

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 _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) J. A. Payne M. D.
(Address) General Hosp #2

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.

