

APR 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson 51Registration District No. 431

Township

Primary Registration District No. 5023City Warrensburg (No. ,)File No. 12351Registered No. 31

St. Ward)

2. FULL NAME

(*) Residence, No. 319 W. Luttan St. Warrensburg 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

M

4. COLOR OR RACE

Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Divorced

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

Irene Edwards

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

unknown

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

about 60

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

Laborer

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)

Warrensburg Mo.

13. NAME

Henry Diggs

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

Ky.

15. MAIDEN NAME

Lucy Wright

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

TIPTON Mo.

17. INFORMANT

(ADDRESS) Mrs Mattie Miller

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sunset Hill DATE Mar 24 1937

19. UNDERTAKER

(ADDRESS) W.F. Wilcox Funeral ServiceWarrensburg Mo.

20. FILED

Mar 23, 1937 Eva Menting

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 22 1937

22. I HEREBY CERTIFY, That I attended deceased from

Mar 21 1937, to Mar 22 1937I last saw him alive on March 21 1937. Death is said to have occurred on the date stated above, at 2:30 P.m.

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

Coronary Atherosclerosis

Date of onset

Other contributory causes of importance:

none knownName of operation no Date of noWhat 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? no Date of injury no, 1937Where did injury occur? no

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noNature of injury no24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) James Patterson, M. D.(Address) Warrensburg Mo.

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.

