

MAY 15 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Jackson  
Township Ray  
City R.V. Mo. No. General Hosp. # 21

Registration District No. 399Primary Registration District No. 1007

File No. 15029  
Registered No. 1535  
St. 3rd Ward

## 2. FULL NAME

(a) Residence, No. 826 1/2 E. 8th St. (rear) 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 Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-19 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
about 72 8 29

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.  
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) Miss.

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 Record Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Law DATE 4-2-37 19

19. UNDERTAKER H.W. Moore (ADDRESS) 1820 E. 18th St.

20. FILED Apr 1 1937 M. J. Cronin Registrar

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 2-19 1937 to 3-18 1937

I last saw him alive on 3-18 1937 Death is said to have occurred on the date stated above, at 4:50 A.M.

The principal cause of death and related causes of importance were as follows: (Date of onset)

Gaugrenous Cystitis  
Septic - Pyemia 1937

Other contributory causes of importance:  
Hypertrophy of Prostate  
Obstructed

Name of operation Date of Spec

What test confirmed diagnosis? Was there an autopsy? Spec

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. P. Deane M. D.  
(Address) General Hosp. # 2

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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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.

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