

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.

JUN 12 1937

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

Do not use this space.

18840

2054

1. PLACE OF DEATH

County Jackson  
Township East  
City Ray mo. (No. General Hosp. #2)

Registration District No. 399  
Primary Registration District No. 1002

File No. 2054  
Registered No. 3rd (Ward)

2. FULL NAME

(a) Residence, No. 2226 Time St. Wald. (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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unk 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
62 70

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) La.

13. NAME Unknown

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

15. MAIDEN NAME Unk.

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

17. INFORMANT Record Clerk (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Lincoln Cem. DATE May 27

19. UNDERTAKER Watkins Bros. (ADDRESS) 1729 Lydia

20. FILED 5-1 1937 m. m. Lowe Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-17 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-5 1937 to 4-17 1937

I last saw him alive on 4-17 1937 Death is said

to have occurred on the date stated above, at 3:55 A.M.

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

Lobar Pneumonia  
(Right) (108)

Other contributory causes of importance:

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. O. Dwyer M.D.

(Address) General Hosp #2

