

JUN 12 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 Ray, Mo.

Registration District No. 399
Primary Registration District No. 1002
(No. General Hosp. #2 St. 3rd Ward)

File No. 19015
Registered No. 2529
St. 3rd Ward

2. FULL NAME

(a) Residence, No. 1018 West St., Ward. 1
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-24-1901
7. AGE YEARS 36 MONTHS 3 DAYS 9 If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-11, 1937
22. I HEREBY CERTIFY, That I attended deceased from 1-27, 1937, to 5-11, 1937
I last saw him alive on 5-11, 1937. Death is said to have occurred on the date stated above, at 5:35 P.M.
The principal cause of death and related causes of importance were as follows:

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

Cerebral Hemorrhage
82a1
Other contributory causes of importance: Essential Hypertension

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

13. NAME Unknown

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) Record Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Stephens, Mo. DATE May 14, 1937

19. UNDERTAKER (ADDRESS) W. H. Hatcher, 1526 W. 5th, K.C., Mo.

20. FILED 5-14, 1937 M. M. Crowe, esq. Registrar.

Name of operation..... Date of.....
What 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?..... 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

WRITE PLAINLY, WITH UNFADING INK IN THIS SPACE. 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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