

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

Do not use this space.

JUN 12 1937

19121

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Gay Primary Registration District No. _____
 City A. G. Mo. (No. General Hosp #2 St. 34 Ward)

2. FULL NAME

(a) Residence, No. 1613 Agnes 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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-11-1904

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-20 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-29, 1937, to 5-20, 1937

I last saw her alive on 5-20, 1937 Death is said

to have occurred on the date stated above, at 6:50 P.M.

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

AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>30</u>	<u>33</u>	<u>2</u>	<u>9</u>	

Date of onset

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

Lung Abscess
subsequent to
Lobar Pneumonia
 Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) McVernon (STATE OR COUNTRY) Texas

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No

MOTHER / FATHER
 13. NAME Joe Thursby

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

15. MAIDEN NAME Fannie

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

17. INFORMANT Esco Thursby (ADDRESS) 1613 Agnes

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE 5-22-37

19. UNDERTAKER H. B. Moor (ADDRESS) 1820 E 18th

20. FILED 5-22-37 1937 M. M. Crowe Registrar.

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. C. Turner M. D.
 (Address) General Hosp #2

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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