

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

Do not use this space.

19196

1. PLACE OF DEATH JUN 12 1937
 County Jackson Registration District No. 399
 Township Franklin Primary Registration District No. 1002
 City Franklin Mo. (No. General Hosp. #2) St. 3rd Ward 3rd

2. FULL NAME Willie Lofton
 (a) Residence, No. 1100 Cass 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 Male **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) 9-3-1916

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>17</u>	<u>20</u>	<u>8</u>	<u>23</u>	

8. Trade, profession, or particular kind of work done, as spliner, 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) Austin, Texas

13. NAME Willie Lofton

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

15. MAIDEN NAME Martha Moore

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

17. INFORMANT Record Clerk
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Blue Ridge Lawn DATE 5-29-37
 _____, 1937

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

20. FILED May 17 1937 m. m. coron
 _____ Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-26 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-22, 1937, to 5-26, 1937
 I last saw him alive on 5-26, 1937. Death is said to have occurred on the date stated above, at 12:15 A.M.
 The principal cause of death and related causes of importance were as follows:
Sub-mental Abscess (Date of onset) _____
157a
 Other contributory causes of importance:
Congenital Hydrocephalus
 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.C. Arroy M. D.
 (Address) General Hosp. #2

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.

