

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

Do not use this space.

JUN 22 1937

20291

1. PLACE OF DEATH

County Jackson

Registration District No. 598

File No. 20291

Township Blue

Primary Registration District No. 554

Registered No. 191

City Independence (No. 2)

St. 2 Ward 1

2. FULL NAME

James R. Childress

(a) Residence, No. 1525 Waywood St., 1 Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGEE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-23 1937

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

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1937 to May 23, 1937

I last saw him alive on May 23, 1937. Death is said to have occurred on the date stated above, at 5:00 p. m.

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

Cerebral apoplexy

Date of onset 5-23-37

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-24 1960

7. AGE YEARS 27 MONTHS 0 DAYS 29 If LESS than 1 day,hrs. ormin.

Other contributory causes of importance: Arterio-sclerosis unknown

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Putland Co (STATE OR COUNTRY) Va.

13. NAME Harvey Childress

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

15. MAIDEN NAME Rebecca Jesse

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

17. INFORMANT Games Childress (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Wuhan Mo DATE 5-23 1937

19. UNDERTAKER Caschoen (ADDRESS) Wuhan Mo

20. FILED 5-26-1937 J. L. Bank Registrar.

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) J. N. Hill, M. D. 1438 Hedger Ave Independence Mo (Address)

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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