

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

Do not use this space.

JUN 22 1937

20355

1. PLACE OF DEATH

County Jasper Registration District No. 408
Township Jackson Primary Registration District No. 5563A
City etc (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

William Solomon

(a) Residence, No. Jasper 9th St., etc Ward _____
(Usual place of abode) Crestwood (If nonresident, give city or town and State)

Length of residence in ~~city~~ town where death occurred 5 yrs. 7 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21 - 1858

7. AGE YEARS 78 MONTHS 11 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation _____

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

13. NAME Henry Solomon

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

15. MAIDEN NAME Harriette Cope

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

17. INFORMANT (ADDRESS) J. C. Truett
Centraugh etc

18. BURIAL, CREMATION, OR REMOVAL PLACE Saint Mary Cem DATE May 11 1937

19. UNDERTAKER (ADDRESS) Lumpkin Matney
Jasper etc

20. FILED May 11 1937 S. B. Clinton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-1-35, 1935, to 5-10-37, 1937.

I last saw him alive on 5-9-37, 1937. Death is said to have occurred on the date stated above, at 7:10 a.m.

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

Chronic Myocardial Degeneration Date of onset 5-6 yrs

Other contributory causes of importance: Arteriosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? Exam 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? _____
If so, specify _____
(Signed) Walter M. Howard, M. D.
(Address) Centraugh etc

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.

