

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

Do not use this space.

JUL 10 1937

1. PLACE OF DEATH

County Jackson Registration District No. 377 File No. 22731
 Township Ray Primary Registration District No. 1002 Registered No. 2577
 City Ray, Mo. (No. General Hosp. #2, St. 3rd Ward)

2. FULL NAME

(a) Residence, No. 2829 Southwest Blvd. Ward. (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 Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov, 26, 1894

7. AGE YEARS 42 MONTHS 7 DAYS 11 If LESS than 1 day, hrs. or min.

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

13. NAME William Dabs

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

15. MAIDEN NAME Elizabeth Mossee

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

17. INFORMANT Record Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Lacygne Pass DATE June 6, 1937

19. UNDERTAKER (ADDRESS) Stirling Hills

20. FILED 10 19 37 m. W. K. Crowe Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-7, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-25, 1937, to 6-7, 1937

I last saw him alive on 6-7, 1937. Death is said to have occurred on the date stated above, at 3:35 P.M.

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

Bilateral Pulmonary Tuberculosis

Other contributory causes of importance:

Name of operation Clinical Date of No
 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) W. K. Crowe 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.

