

AUG 11 1937

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

Do not use this space.

26340

1. PLACE OF DEATH

County

Jackson

Registration District No.

399

Township

Blaine

Primary Registration District No.

1002

City

Seeds Station, Leeds, Sanitarium

File No.

Registered No.

353

St.

Ward)

2. FULL NAME

(a) Residence, No.

2029

Summit St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

48

rs. mos. ds.

How long in U. S., if of foreign birth?

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Divorced

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

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

Oct. 14 - 1889

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Labour

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

MOTHER

13. NAME

Lindsay Henry

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

Kansas

15. MAIDEN NAME

Shepherd Mary

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

Kansas

17. INFORMANT (ADDRESS)

K.C. T. B. Corp - Seeds Station

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Forest Hill

DATE July 29 1937

19. UNDERTAKER (ADDRESS)

H. B. Lindsey Corp - Seeds Station

20. FILED

July 18, 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16 1937

22. I HEREBY CERTIFY, That I attended deceased from

June 27, 1937, to July 16, 1937

I last saw him alive on July 15, 1937 Death is said

to have occurred on the date stated above, at 6:20 a.m.

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

Pulmonary tuberculosis (date of onset)

23

Other contributory causes of importance

Anoxemia Acute years.

Name of operation

What test confirms diagnosis?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Where did injury occur?

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)

(Address)

M. D.

(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.

Permit

JUN 15 1948