

SEP 21 1937

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

Do not use this space.

29607

## 1. PLACE OF DEATH

County JacksonRegistration District No. 399Township BluePrimary Registration District No. 1002City Reeds StationNo. 7 C. T. B. Hospital

File No. ....

Registered No. 37001

St. .... Ward)

## 2. FULL NAME

(a) Residence, No. 43 R. Mercier St. .... Ward. ....  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Nellie May6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 10, 18827. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
37 54 7 168. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer

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) Missouri13. NAME Henry S. Jefferson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Wiggs, Belle16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT K. T. B. Hospital Reeds Station  
(ADDRESS) Franklin City - Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lucas DATE 8/3/37 19 .....19. UNDERTAKER Quirk & Tobin Co.  
(ADDRESS) 20 W. Lincoln20. FILED Aug 3 37 19 37 M. M. Cronin  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-26-1937

22. I HEREBY CERTIFY, That I attended deceased from

May 11, 1937, to July 26, 1937.I last saw him alive on July 26, 1937. Death is saidto have occurred on the date stated above, at 10:45 a.m.

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

Pulmonary tuberculosis

Date of onset

Other contributory causes of importance:

Name of operation .....

Date of .....

What test confirmed diagnosis? .....

Was there an autopsy? .....

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

Accident, suicide, or homicide? .....

Date of injury .....

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) [Signature] M. D.(Address) Reeds Station, Mo.

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.

THIS IS A PERMANENT RECORD

