

SEP 21 1937

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

Do not use this space.

29634

1. PLACE OF DEATH

County Jackson
Township Gen
City Gen. Mo.

Registration District No. 399
Primary Registration District No. 1002

File No. 3200
Registered No. 3200
St. 3rd Ward

2. FULL NAME

(a) Residence, No. 375 E. 19th St., Ward.

(Usual place of abode) (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 _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-1-1883
7. AGE YEARS 54 MONTHS 5 DAYS _____ If LESS than 1 day, _____ hrs. _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-1 1937
22. I HEREBY CERTIFY, That I attended deceased from 7-15, 1937, to 8-1, 1937
I last saw him alive on 8-1, 1937. Death is said to have occurred on the date stated above, at 6:30 P.M.
The principal cause of death and related causes of importance were as follows:
Date of onset

OCCUPATION 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. Job Line Eye Training
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Arteriosclerotic type
Heart Disease
95 B
Other contributory causes of importance:
decompensation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La.
13. NAME unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

17. INFORMANT (ADDRESS) Herard Clerk General Hospital
18. BURIAL, CREMATION, OR REMOVAL PLACE Lincoln DATE 8/5 1937

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 1
Nature of injury _____

19. UNDERTAKER (ADDRESS) Hatkins Bros 1729 Lyda
20. FILED Aug 4 1937 M. M. Grome Registrar.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____ (Signed) P. G. Grome, M. D.
(Address) General Hosp.

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.

