

SEP 21 1937

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

Do not use this space.

29694

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Genl Hoop Primary Registration District No. 100  
City Genl Hoop, Mo. (No. General Hoop #2) (If nonresident, give city or town and State)

2. FULL NAME

(a) Residence, No. Eugene May  
(Usual place of abode) Police Station St. Ward 3rd  
(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) Unknown

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-2 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 8-1 1937, to 8-3 1937  
I last saw him alive on 8-3 1937 Death is said to have occurred on the date stated above, at 10:00 A. M.  
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
About 35 yrs

Bilateral - acute  
Congestion of Lungs  
930

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

Other contributory causes of importance:  
Chronic Myocarditis  
Atrophy and Congestion of Brain

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

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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

17. INFORMANT (ADDRESS) Record Clerk  
General Hoop #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Leads No. DATE 8-10-37

19. UNDERTAKER (ADDRESS) H.B. Hoop  
1820 E 18th St

20. FILED 8-9 1937 M.M. Crowlish Registrar.

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) J.C. Brown M.D.  
(Address) General Hoop #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.

WHITE EMBROIDERY WITH CURVED TOP THIS IS A PERMANENT RECORD

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