

SEP 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township 1st Precinct Registration District No. 1002
City St. Joe (No. General Hosp. #2 St. 3rd Ward)

2. FULL NAME

(a) Residence, No. 1015 Michigan 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

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) — 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 (?) — — —

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

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) Kans

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) Recess Clerk
Gen Hosp. No 2 St

18. BURIAL, CREMATION, OR REMOVAL Leads No. DATE Aug 17th 1937

19. UNDERTAKER (ADDRESS) West of Clinton & Jones
1905 11th St

20. FILED Aug 17, 1937 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-7, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-5, 1937, to 8-7, 1937
I last saw him alive on 8-7, 1937. Death is said to have occurred on the date stated above, at 6:00 m PM.
The principal cause of death and related causes of importance were as follows:
Date of onset Cerebral Apoplexy
820
Other contributory causes of importance: Essential Hypertension

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) J. O. Brewer M.D.
(Address) General Hosp. #2

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

