

SEP 21 1937

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

Do not use this space.

29910

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

(No.)

File No.

Registered No.

3rd Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Ward.

(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 Male	4. COLOR OR RACE Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nettie Mack		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-4-1875		
7. AGE	YEARS	MONTHS
62	5	17
8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Laborer		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) Mo		
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		
18. BURIAL, CREMATION, OR REMOVAL Beds 9M5 DATE 27 th 1937		
19. UNDERTAKER (ADDRESS) West Appleton Jones 1905 Vine St.		
20. FILED Aug 27, 1937 M. M. Crowe cash Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-21-1937
22. I HEREBY CERTIFY, That I attended deceased from 8-10, 1937, to 8-21, 1937. I last saw him alive on 8-21, 1937. Death is said to have occurred on the date stated above, at 11:15 m. A. M. The principal cause of death and related causes of importance were as follows: Chronic arteriosclerotic 131 Nephritis Other contributory causes of importance: Broncho-Pneumonia
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..... 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. Burns (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.

RECORD

