

SEP 20 1937

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

Do not use this space.

31081

File No. _____
Registered No. 56
St. _____ Ward _____

1. PLACE OF DEATH

County Lawrence Registration District No. 470
Township North Vernon Primary Registration District No. 5632
City North Vernon (No. Missouri State Jan)

2. FULL NAME

(a) Residence, No. 1515 Valley St. Johnston
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Myra Ester</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sep. 10 - 1898</u>		
7. AGE	YEARS	MONTHS
<u>26</u>	<u>38</u>	<u>10</u>
DAYS		IF LESS than 1 day, hrs. or min.
<u>28</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Janitor</u>	
	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) <u>Oct. Jan. 1937</u>	
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Baxter Springs Missouri</u>		
MOTHER / FATHER	13. NAME <u>Fred Ester</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kennel</u>	
	15. MAIDEN NAME <u>Phyllis M. Clarne</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
17. INFORMANT <u>Mr. Michael R. Clark</u> (ADDRESS) <u>no state sanatorium</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Baxter Springs Mo.</u> DATE <u>Aug. 9 1937</u>		
19. UNDERTAKER (ADDRESS) <u>W. S. Ferguson & Son</u> <u>1314 W. 10th St. Baxter Springs Mo.</u>		
20. FILED <u>Aug. 7 1937</u> P. D. <u>St. Johnston</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 7, 193722. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1937, to August 7, 1937

Last saw h. h. alive on Aug 7, 1937 Death is said to have occurred on the date stated above, at 1:45 P. m.

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

Pulmonary tuberculosis Date of onset 1936

Other contributory causes of importance:

Name of operation none Date of _____
What test confirmed diagnosis? sputum 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?

If so, specify _____
(Signed) J. S. Ferguson M. D.
(Address) 1314 W. 10th St. Baxter Springs 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.

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