

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

Do not use this space.

**OCT 19 1937**

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. 33296  
Township Kaw Primary Registration District No. 1002 Registered No. \_\_\_\_\_  
City \_\_\_\_\_ (No. Research Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. W. Sayre St. St. \_\_\_\_\_ Ward. Lawrence, Mo.  
(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 M. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 15, 1937

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs J. R. Black

22. I HEREBY CERTIFY, That I attended deceased from 9-14, 1937, to 9-15, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 21 1892

I last saw him alive on 9-15, 1937. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

7. AGE YEARS 45 MONTHS 5 DAYS 28 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

Acute Hemorrhagic Pancreatitis  
Date of onset 128

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Field Warden  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Yonk Fish Dep.  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Other contributory causes of importance:  
Gall Bladder during getting operations for Chronic Cholecystitis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

13. NAME W. R. Black

What test confirmed diagnosis? autopsy Was there an autopsy? yes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison, Mo

15. MAIDEN NAME Verlinda Rice

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson, Mo

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) Mrs J. R. Black

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Hill DATE Sept 17 1937

Manner of injury \_\_\_\_\_

19. UNDERTAKER (ADDRESS) Sweeney Phillips

Nature of injury \_\_\_\_\_

20. FILED 9/15, 1937 M. M. Herowe Registrar.

24. Was disease or injury in any way related to occupation of deceased? If so, specify \_\_\_\_\_

(Signed) Donald Black, M. D.

(Address) 924 P. 27 St. 1500

17585

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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County..... Registration District No..... File No.....  
Township..... Primary Registration District No..... Registered No. 3741  
City..... (No. Research Hospital) St. .... Ward)

**2. FULL NAME**

(a) Residence, No. John Reuben Black St., ..... Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
45

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

MOTHER FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE, 19

19. UNDERTAKER (ADDRESS)

20. FILED 9/15 37 J. J. Brown Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at..... m.

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

Ag. Bacteriophage Date of onset  
Jancreatitis

128  
Other contributory causes of importance

Gall Bladder Disease  
Chr. Epopley stroke  
Gally Degeneration Liver

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?.....  
If so, specify.....

(Signed)....., M. D.  
(Address).....

SUPPLEMENTARY

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-33296