

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

Do not use this space.

NOV 18 1937

36665

1. PLACE OF DEATH

County Jackson
Township Law
City J.R.C. Mo. (No. General Hosp. #2 St. 3rd Ward)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 11,514

2. FULL NAME

(a) Residence, No. 2775 Park St. 3 Ward.

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. (If nonresident, give city or town and State)

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) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-6 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 8-10 1937 to 10-6 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-18-1899

I last saw him alive on 10-6 1937 Death is said to have occurred on the date stated above, at 8:30 PM mi.

7. AGE YEARS 37 MONTHS 9 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

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

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

Far advanced Pulmonary Tuberculosis

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Other contributory causes of importance: 23

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) Texas

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 PLACE Blue Hills, Okla. Oct. 13, 1937

19. UNDERTAKER (ADDRESS) Wayle Bros. 21708 Tracydale

20. FILED Oct 12 1937 M. M. Coffey Registrar.

Name of operation _____ Date of _____
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. Brown M.D. (Address) General Hosp. #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.

OCCUPATION 29
FATHER 31
MOTHER 31

