

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

Do not use this space.

NOV 18 1937

36939

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
 Township _____ Primary Registration District No. 100 Registered No. _____
 City J.C. Mo. (No. General Hosp. #2 St. 522 Ward)

2. FULL NAME

(a) Residence, No. 2710 Bell St. _____ 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

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) 10-16, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 10-12, 1937, to 10-16, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-4-1862

I last saw him alive on 1-10-16, 1937 Death is said to have occurred on the date stated above, at 11:32 p.m.
 The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 3 12

Atherosclerotic type
95B Heart Disease
 Date of onset _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 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 _____

Other contributory causes of importance:
Decompensation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No

FATHER 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

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. _____

MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

Manner of injury _____
 Nature of injury _____

17. INFORMANT (ADDRESS) Record Clerk
 18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE 10-30-37

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) G. O. Brown, M. D.
 (Address) General Hosp. #2

19. UNDERTAKER (ADDRESS) H. B. Brown
1820 E 18 St.
 20. FILED Oct 30, 1937 M. M. Brown
 Registrar.

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.

