

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Harveys City
City Harveys City

Registration District No. 399
Primary Registration District No. 1007
Mercy Hospital

File No. 1574
Registered No. 262
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1024 Gage St., _____ Ward. Independence, Mo.
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 2 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 6, 1937

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. or _____ min. |
|----------|----------|----------|----------|----------------------------------------------|
| <u>0</u> | <u>0</u> | <u>1</u> | <u>9</u> | |

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

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) Independence, Mo.

13. NAME Ellsworth Thomas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg, Kansas

15. MAIDEN NAME Mildred M. Lindsey

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

17. INFORMANT Ellsworth Thomas
(ADDRESS) Independence, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mourning House Jan 17, 1938

19. UNDERTAKER Geo. G. Garrison
(ADDRESS) Independence

20. FILED Jan 17, 1938 M. M. Quinn
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15, 1938

22. I HEREBY CERTIFY That I attended deceased from Jan 13, 1938 to Jan 15, 1938
I last saw him alive on Jan 15, 1938. Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Primary Bronchopneumonia 1-11-38
1096

Other contributory causes of importance: _____

Name of operation None Date of _____
What test confirmed diagnosis? X-ray Was there an autopsy? Yes

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) H. G. Emery
(Address) Mercy Hospital, Independence, 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.

RECEIVED

FEB 19 1938

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MO. STATE BOARD OF HEALTH