

REC'D MAR 14 1938

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

Do not use this space.

1. PLACE OF DEATH

County *Jackson*
Township *Ray*
City *J. C. Mo.* (No. *General Hosp. #2*)

Registration District No. *399*
Primary Registration District No. *290*

File No. *5451*
Registered No. *517*
Ward *3rd*

2. FULL NAME

(a) Residence, No. *1914 E. 10th* St., Ward. *236*
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *Colored* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widower*
(Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *1-12-1885*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
53 *—* *17*

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ala.*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) *Resident Clerk, General Hospital*18. BURIAL, CREMATION, OR REMOVAL PLACE *Blue Ridge* DATE *Feb. 5-38*19. UNDERTAKER (ADDRESS) *Bayle Bros. 1708 Tracy*20. FILED *27* 19 *38* M. M. *Boyrowe* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *1-29* 19 *38*22. I HEREBY CERTIFY, That I attended deceased from *12-14* 19 *37*, to *1-29* 19 *38*

I last saw him alive on *1-29* 19 *38* Death is said to have occurred on the date stated above, at *4:35 P.M.*

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

Specific Type Date of onset *34*
Heart Disease
with Decompensation

Other contributory causes of importance:

Acute Dilatation of Heart

Name of operation

Date of operation

What test confirmed diagnosis? 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 *38*

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) *C. C. Jones*(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.

