

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.

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

Do not use this space.

1. PLACE OF DEATH
 67 County Mississippi Registration District No. 566 File No. 7471
 Township Charleston Primary Registration District No. 5762 Registered No. 24
 City Charleston (No., St., Ward)

2. FULL NAME Will Hope 100
 (a) Residence, No. J. G. Mc Elmury, James Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 2 yrs. 1 mos. 0 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 M 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Near 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Near 55

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

MOTHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 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

FATHER
 17. INFORMANT J. G. Mc Elmury, James
 (ADDRESS) Charleston, Mo.
 18. BURIAL, CREMATION OR REMOVAL PLACE Oak Grove, Mo. DATE 2/27 1938

19. UNDERTAKER Frank Lutz, Funeral Director
 (ADDRESS) Charleston, Mo.

20. FILED 2-27 1938 Registrar. 500

MEDICAL CERTIFICATE OF DEATH 9 P.M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1938, to Feb 26, 1938.
 I last saw him alive on Feb 1, 1938. Death is said to have occurred on the date stated above, at 9 p. m.
 The principal cause of death and related causes of importance were as follows:
Cr. Myocarditis with
marked decomposition
& edema 131
 Date of onset Feb 18

Other contributory causes of importance:
Cr. Interstitial Nephritis 6 m. 11 P.M.

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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 W. S. Love 1, M. D.
 (Signed) W. S. Love (Address) Charleston, Mo.

