

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

9791
Do not use this space.

REC'D APR 23 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Blue Primary Registration District No. 1002 Registered No. 1256
 (c) City Kansas City, Mo (d) Street No. Leek JB Hospital St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1914 E. 10th St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 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 Coleman, Robt.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 5, 1912
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25 3 12
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
 9. Industry or business in which work was done, as 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) Tolche, Ark.

FATHER 13. NAME Bert Hense

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tolche, Ark

MOTHER 15. MAIDEN NAME Jones, Nolie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

17. INFORMANT (ADDRESS) K.C. T. B. Hosp.

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE March 21, 1938

19. FUNERAL DIRECTOR (ADDRESS) 189 E. 10th St. KCMO

20. FILED Mar 21, 1938 M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1937 to March 17, 1938
 I last saw her alive on March 17th, 1938 Death is said to have occurred on the date stated above, at 4:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis
23
 Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? None

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?
 If so specify _____
 (Signed) M. Brown M. D.
 (Address) Blue Ridge, 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.

STATEMENT BY LICENSED EMBALMER

I, E. Sterling Bills, Licensed Embalmer No. 3178

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed E. Sterling Bills

Licensed Embalmer No. 3178

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)