

REC'D APR 23 1938

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

Do not use this space.

9889

1. PLACE OF DEATH

County Jackson
Township 1st
City J. C. No. (No. General Hoops #2)

Registration District No. 399
Primary Registration District No. 1100

File No. _____
Registered No. 1354
St. 3rd Ward

2. FULL NAME

(a) Residence, No. 110 Euclid
(Usual place of abode)

Bobbie Jean Woods
St. _____ Ward _____

(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

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-6-1936

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>1</u>	<u>6</u>	<u>20</u>	

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) Mo.

13. NAME Robt. Lee Coleman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

15. MAIDEN NAME Rosetta Bowman

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

17. INFORMANT (ADDRESS) Record Clerk General Hoops #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Shu Ridge DATE 3/28 1938

19. UNDERTAKER (ADDRESS) Fathings Bros. 1709 Lyden

20. FILED Mar 28 1938 A. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-26, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-22, 1938, to 3-26, 1938. I last saw her alive on 3-26, 1938. Death is said to have occurred on the date stated above, at 7:10 A.M.

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

Broncho-Pneumonia secondary to measles

Other contributory causes of importance: (1)

Name of operation _____ Date of _____

What test confirmed diagnosis Clinical 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 _____

(Signed) A. M. Brown M. P.

(Address) General Hoops #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.

