

REC'D MAY 9 1938

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

Do not use this space.

13627

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
Township 2nd Primary Registration District No. 1602 Registered No. 1602
City J.C. Mo. (No. General Hoops #2 St. 3rd Ward)

2. FULL NAME

(a) Residence, No. 4200 Washington Ward. _____
(Usual place of abode) (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-11-1938

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

22. I HEREBY CERTIFY, That I attended deceased from 4-8-38, 1938, to 4-11-38, 1938
I last saw him live on 4-11-38. Death is said to have occurred on the date stated above, at 11:35 A.M.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-4-1881
7. AGE YEARS 56 MONTHS 8 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

Date of onset _____

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

Hypertensive
Myocardial
Disease 9510
Other contributory causes of importance: decompensation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

13. NAME deceased

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

15. MAIDEN NAME unknown

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

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 7/15 1938

19. UNDERTAKER (ADDRESS) Natkins Bros 1729 S. 9th St

20. FILED Apr 15 1938 Registrar.

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. O. Brown, M.D.
(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.

WHITE PAPER, WITH IMPROVED INK—THIS IS A PERMANENT RECORD

