

REC'D MAY 9 1938

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

13687

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Paris Primary Registration District No. 1002 Registered No. 1667
(c) City K.C. Mo. (d) Street No. 715 Chest St St. Mo.
(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. 715 Chest St St. Mo. (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 Male COLOR OF RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-17-1884
7. AGE YEARS 53 MONTHS 10 DAYS 27 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. labourer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 11

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

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) Mrs Edna See Monte 715 Chest St

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE 4/21/38

19. FUNERAL DIRECTOR (ADDRESS) H. A. Moore 1920 G-19 K.C. Mo.

20. FILED Apr 20 1938 M. M. Groves Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/18/38

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1938, to April 18, 1938
I last saw him alive on April 14, 1938. Death is said to have occurred on the date stated above, at 11:45 AM.
The principal cause of death and related causes of importance were as follows:

Acute Capillary Bronchitis
& La Grippe Date of onset 11/2

Other contributory causes of importance:
Cold & Exposure

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

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) Charles B. Pearson M.D.
(Address) 719 1/2 Independence Ave. Kansas City, Mo.

STATEMENT BY LICENSED EMBALMER

I, HB Moor, Licensed Embalmer No. 2410
hereby certify that the body recorded on the reverse side of this certificate was embalmed by HB Moor
L. E.
No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.
Signed HB Moor
Licensed Embalmer No. _____

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.)