

REC'D MAY 9 1938

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

Do not use this space.

13736

1. PLACE OF DEATH

County JacksonRegistration District No. 399

File No.

Township 1stPrimary Registration District No. 1902Registered No. 1716City St. Mo. (No. General Hosp. #2 St. 3rd Ward)

2. FULL NAME

(a) Residence, No. 1012 Karfield 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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lusie Mc Crinon6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-20-18897. AGE YEARS 47 MONTHS 10 DAYS 1 If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer

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) TexasMOTHER 13. NAME Fate Mc Crinon14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Ellen16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) Record Clerk, General Hospital18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE April 25 '3819. UNDERTAKER (ADDRESS) Ernstling, 1811 N. 12th St.20. FILED Apr 23 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-21, 193822. I HEREBY CERTIFY, That I attended deceased from 4/21, 1938 to 4-21, 1938I last saw him alive on 4-21, 1938 Death is saidto have occurred on the date stated above, at 7:15 A.M.

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

Date of onset

Hypertensive TypeHeart DiseaseOther contributory causes of importance: 980Acute PulmonaryEdemaName of operation Clinical Date of NoWhat 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? NoIf so, specify (Signed) General Hospital (Address) General Hospital #2

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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