

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

17174
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township 1002 Primary Registration District No. 1002 Registered No. 1871
 (c) City Leeds Mo. (d) Street No. General Hosp. #2 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. 1804 B. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-8-1884
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 54 2 23
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Musician
 9. Industry or business in which work was done, as saw mill, bank, etc. Unknown
 10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-1 1938
 22. I HEREBY CERTIFY, That I attended deceased from 4-18 1938 to 5-1 1938
 I last saw him alive on 5-1 1938 Death is said to have occurred on the date stated above, at 6:55 A.M.
 The principal cause of death and related causes of importance were as follows:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas
 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) Record Clerk, General Hospital
 18. BURIAL, CREMATION, OR REMOVAL PLACE Leeds Mo. DATE 5-5-38
 19. FUNERAL DIRECTOR (ADDRESS) H. B. Moore, 1820 E. 18th St.
 20. FILED May 4, 1938 M. M. Cronin Local Registrar.

Pulmonary TB - Tuberculosis
 Other contributory causes of importance: (Military in Texas)
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? Yes
 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) J. C. [Signature] M. D.
 (Address) General Hosp. #2

A. B.—Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIAN'S 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, AB Moore, Licensed Embalmer No. 2410

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 AB Moore
.....
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.)