

REC'D JUN 9 1938

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

17273

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township East Mo. Primary Registration District No. 190  
 (c) City St. Mo. (d) Street No. General Hosp. #2 Registered No. 1920  
 (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. 126 Capeo 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

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hattie L. Jones  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-27-1880  
 7. AGE YEARS 58 MONTHS 1 DAYS 16 If LESS than 1 day, hrs. or min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Janitor  
 9. Industry or business in which work was done, as saw mill, bank, etc. Department  
 10. Date deceased last worked at this occupation (month and year) 1938 (Total time (years) spent in this occupation 1)  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S. C.  
 FATHER 13. NAME Unknown  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 MOTHER 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 17. INFORMANT (ADDRESS) Roscoe Clark  
General Hospital  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Lincoln DATE May 12, 1938  
 19. FUNERAL DIRECTOR (ADDRESS) C. H. Adkins  
2009 12th  
 20. FILED May 12, 1938 M. M. Brome  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-10 1938  
 22. I HEREBY CERTIFY, That I attended deceased from 4-3 1938 to 5-10 1938  
 I last saw him alive on 5-10 1938. Death is said to 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:  
Chronic Glomerulo-  
nephritis with  
uremia 131  
 Other contributory causes of importance:  
secondary to  
metabolic structure  
 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) [Signature] M. D.,  
 (Address) General Hosp. #2

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E. ....

No.....or by....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

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.)**