

REC'D JUL 12 1938

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

20885
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Ray Mo. Primary Registration District No. 1002 Registered No. 2335
 (c) City Ray 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. 1677 Grand 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 Female 4. COLOR OR RACE Colored 5. SINGLE MARRIED, WIDOWED, OR DIVORCED Married (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Milton Madden

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-18-1879

7. AGE YEARS 58 MONTHS 11 DAYS 18 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as 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) Miss.

FATHER 13. NAME Henry Hayes

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Record Dept, General Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Hestonva DATE 6/10 1938

19. FUNERAL DIRECTOR (ADDRESS) Watkins Bros, 1724 Lytle

20. FILED June 9 1938 A. A. Brown Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-6 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-14 1938 to 6-6 1938
 That saw her alive on 6-6 1938 Death is said to have occurred on the date stated above, at 10:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Rheumatic type Date of onset
Heart Disease
95%
 Other contributory causes of importance:
Cerebral Thrombosis
with Embolism

Name of operation Clinical Date of No
 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) A. A. Brown M. D.
 (Address) General Hosp #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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, T. B. Watkins, Licensed Embalmer No. 2889

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

..... L. E.
No. 2889 or by Registered Apprentice No.
working under my personal supervision.

Signed T. B. Watkins
Licensed Embalmer No. 2889

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.)