

REC'D JUL 12 1938

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

21123
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township 1 Primary Registration District No. 10024
 (c) City Kansas City, Mo. (d) Street No. Wheatley Hospital - 1826 Forest St. 2573
 (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 Roy Block 420
 (a) Residence, No. 1834 E. 9th St. 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Block

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
April 68 — — —

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. Laborer
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation 18 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington, Ark.

FATHER
 13. NAME William Block
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington, Ark.

MOTHER
 15. MAIDEN NAME Nancy Witherspoon
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Dodgie J. Compton
1834 E. 9th

18. BURIAL, CREMATION, OR REMOVAL PLACE Hope, Ark. DATE June 30, 1938

19. FUNERAL DIRECTOR (ADDRESS) R. V. Herndon,
Hope, Ark.

20. FILED June 27, 1938 M. M. Crowe
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25th, 1938

22. I HEREBY CERTIFY That I attended deceased from 3/28/28, 19 to 6/25/38, 19
 I last saw him alive on 6/25/38, 19 Death is said to have occurred on the date stated above, 3:30 m.
 The principal cause of death and related causes of importance were as follows:
Dramatic Pneumonia following fracture of rib & internal injuries
Pulmonary Tuberculosis
 Date of onset 210m

Other contributory causes of importance:
Pulmonary Tuberculosis

Name of operation blister Date of June 25, 1938
 What test confirmed diagnosis by test Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury June 25, 1938
 Where did injury occur? W. P. A. Project, R. M.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
on Public works

Manner of injury run down by truck
 Nature of injury fracture of ribs & lungs

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify. occurred in course of occupation
 (Signed) Elijah A. Mack M. D.
 (Address) 1820 Olive St. Kansas City, Mo.

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.

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.)