

REC'D AUG 8 1938

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

24372
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Ray Primary Registration District No. 1000 Registered No. 2877
 (c) City R. C. Mo. (d) Street No. General Hosp. #2 St. 11601
 (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. 2414 Olive 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 (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Unknown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-20-1878
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 60 3 15
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Domestic
 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 1
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La. 9
 FATHER 13. NAME Workman 9
 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) Reed Clerk General Hospital
 18. BURIAL, CREMATION, OR REMOVAL PLACE U. S. 11601 DATE July 16, 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Natasha H. Thoin 1520 N. 50 St.
 20. FILED 7-17-38 M. M. Crow, reg. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-4, 1938
 22. I HEREBY CERTIFY, That I attended deceased from 6-14, 1938, to 7-4, 1938
 I last saw her alive on 7-4, 1938 Death is said to have occurred on the date stated above, at 7:05 P.M.
 The principal cause of death and related causes of importance were as follows:
Hypertensive type (Date of onset)
Heart Disease
 Other contributory causes of importance:
Decompensation
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Were 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) J. O. Brown, M. D.
 (Address) General Hosp. #2

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Nathan H. Matchin

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Nathan H. Matchin

Licensed Embalmer No. *2780*

P. O. Address

2815 20th St SE

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.)

If this body is not embalmed, above space should be left blank.