

REC'D AUG 24 1938

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

25546  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 400  
(b) Township Prairie Primary Registration District No. 25339  
(c) City Little Blue Mo (d) Street No. Jackson Co Home Registered No. 148  
(e) Length of residence in city or town where death occurred 6 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Thomas Gill 400 St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF wife  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 85  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
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.  
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) Ark

13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) County Home Records Little Blue Mo

18. BURIAL, CREMATION, OR REMOVAL KC Western Dental Co 7-19-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thygesen & Greenstreet 1100 W. 20th

20. FILED 7-21-38 William J. Fields Local Registrar.

MEDICAL CERTIFICATE OF DEATH 8:30 am

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-19-38

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1938 to July 19, 1938  
Last saw him alive on July 19, 1938. Death is said to have occurred on the date stated above, at 8:30 am.  
The principal cause of death and related causes of importance were as follows:

Chronic Parenchymatous nephritis

Other contributory causes of importance: 1/21

Name of operation Bl. Exam Date of .....  
What test confirmed diagnosis? ..... 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? .....  
If so, specify .....  
(Signed) L. W. Booker, M. D.  
(Address) 2028 Vine St

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, Edw. G. Evans

or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed Edw. G. Evans

Licensed Embalmer No. 3836

P. O. Address 1819 E 15th St N. B. M.

**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.**