

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.

REC'D SEP 13 1938

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

27903
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Law Primary Registration District No. 1092
 (c) City N. C. Mo. (d) Street No. General Hoop #2 Registered No. 3214
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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 William Friend 653
 (a) Residence, No. 1214 E. 12th 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosetta Friend
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-7-1889
 7. AGE YEARS 69 MONTHS 0 DAYS 3 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 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) Tenn.
 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 George O. Friend (ADDRESS) 2314 Vine St
 18. BURIAL, CREMATION, OR REMOVAL Highland Cemetery Aug 13th 1938
 19. FUNERAL DIRECTOR (NAME) W. H. Appleton & Jones (ADDRESS) 1905 Vine St
 20. FILED Aug 13, 1938 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-10-1938
 22. I HEREBY CERTIFY, That I attended deceased from 8-7-1938, to 8-10-1938
 I last saw him alive on 8-10-1938 Death is said to have occurred on the date stated above, at 9:35 P.M.
 The principal cause of death and related causes of importance were as follows:
Advanced Pulmonary Tuberculosis
 Other contributory causes of importance:
 Name of operation _____ Date of _____
 What test confirmed diagnosis? P.M. Was there an autopsy? Yes
 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) G. O. Jones M. D.
 (Address) 600-16, 22nd St.

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,

E. W. Went

....., or by

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

Signed *E. W. Went*

Licensed Embalmer No. *2710*

P. O. Address *1905 Vine*

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.