

REC'D SEP 13 1938

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

28109

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Blue Primary Registration District No. 1002  
 (c) City Beeds Stat (d) Street No. Kansas City T.B. Hospital Registered No. 3420  
 (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

(a) Residence, No. 1100 E 17th St St.  (If nonresident, give city or town and State)  
 (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 m 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
50 1888 May 5th 7 Mar 5 - 1888

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) Jan 1937  
 11. Total time (years) spent in this occupation 2 1/2

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

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Magnolia Ark

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Magnolia Ark

17. INFORMANT (ADDRESS) K C T B Hosp.

18. BURIAL, CREATION, OR REMOVAL

PLACE Beeds Cemetery Aug 30 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) West Appellon

20. FILED

Aug 30 1938 M. M. Crowe  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 24 1938

22. I HEREBY CERTIFY, That I attended deceased from February 26, 1937, to August 24, 1938  
 I last saw him alive on August 24, 1938. Death is said to have occurred on the date stated above, at 1:30 P. m.  
 The principal cause of death and related causes of importance were as follows:

Pulmonary hemorrhage  
Pulmonary tuberculosis  
 Date of onset 8-24-38  
1935

Other contributory causes of importance:

Name of operation None Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? No 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 None  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? (If so, specify) Yes  
 (Signature) W. B. Cunningham M.D.  
 (Address) Kansas City, Mo

**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, \_\_\_\_\_, or by \_\_\_\_\_

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

Signed

*C. H. West*

Licensed Embalmer No. 2710

P. O. Address \_\_\_\_\_

**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.**