

REC'D SEP 14 1938

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

28364
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township St. Joseph Primary Registration District No. 1001 Registered No. 857
(c) City St. Joseph (d) Street No. 512 So. 21st St. St. Mo.
(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. 512 So. 21st St. St. Mo. (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) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 14 - 1920
7. AGE YEARS 17 MONTHS 8 DAYS 4 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. school boy
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) Augusta, Ga.
13. NAME Robert Mays
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia Co., Ga.
15. MAIDEN NAME Lena Masley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edgfield Co., S.C.
17. INFORMANT (ADDRESS) Robert Mays, 512 So. 21st St.
18. BURIAL, CREMATION, OR REMOVAL PLACE Asheburd Ave. DATE 8/20/38
19. FUNERAL DIRECTOR (ADDRESS) Rausup Mortuary, 1402 S. Mississippi St.
20. FILED Aug 20, 1938 H. J. Kuttelbach Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18, 1938
22. I HEREBY CERTIFY, that I attended deceased from July 26, 1938 to Aug 18, 1938. I last saw him alive on Aug 18, 1938. Death is said to have occurred on the date stated above, at 10:50 a.m.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis
Date of onset not known
Other contributory causes of importance: not known
Name of operation clinical Date of no
What test confirmed diagnosis? clinical Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury no
Nature of injury no
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) H. J. Kuttelbach M. D.
(Address) 216 W. W. Mo. Ave.

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, F. D. Ferguson, Licensed Embalmer No. 2172

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 F. D. Ferguson

Licensed Embalmer No. 2172

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.)