

REC'D SEP 20 1938

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

Do not use this space.

290938

## 1. PLACE OF DEATH

County *Jackson*Registration District No. *398*Township *Blue*Primary Registration District No. *5554*City *Independence* (No. *1417*)Ward *Hardy*

File No. ....

Registered No. *215*

St. .... Ward)

## 2. FULL NAME

(a) Residence, No. *1417 Hardy* St. *7 B* Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, 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)

FATHER

13. NAME

MOTHER

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19. UNDERTAKER (ADDRESS)

20. FILED

Aug. 17, 1938

F. L. Cook

Registrar.

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

*Aug. 12, 1938*

22. I HEREBY CERTIFY, That I attended deceased from

*Feb. 27, 1936, to Aug. 12, 1938*I last saw her alive on *Aug. 9, 1938*. Death is said to have occurred on the date stated above, at *2:10 P.M.*

The principal cause of death and related causes of importance were as follows:

*Broncho-Pneumonia*Date of onset *5-2-38*

Other contributory causes of importance:

*Cerebral Hemorrhage 2-27-38*  
*Diabetes Mellitus*Name of operation *none* Date of *17*What test confirmed diagnosis? *Chemical* 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? *Yes*

If so, specify

(Signed) *W. R. Fuchs*, M. D.(Address) *1529 Fisk Ave*

31-10

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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