REC'D SEP 20 1938

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

29119
Do not use this space.

3

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 400
(b) Township Prairie — Primary Registration District No. 5553B — Registered No. 169
(c) City Little Blue, Mo — (d) Street No. Jackson Co Home, for negros. St.
(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 JESSIE TAYLOR 460
(a) Residence, No. 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): Dont Know
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unk.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unk
7. AGE: about 60 YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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. unemployed
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

FATHER
13. NAME: Dont Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

MOTHER
15. MAIDEN NAME: Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

17. INFORMANT (ADDRESS): Co Home, Record, Little Blue, Mo.
18. ~~BURIAL, CREMATION~~, OR REMOVAL: K.C. PLACE School of Osteology + Surgery DATE 8-8-38, 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Flynn + Fennstreet, Mott, 1819 E 15th St. K.C., Mo
20. FILED Aug 10, 1938 William T. Fields, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8-6, 1938
22. I HEREBY CERTIFY, That I attended deceased from June 15, 1938, to Aug. 6, 1938
I last saw him alive on Aug. 6, 1938 Death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Parenchymatous nephritis	
Other contributory causes of importance:	
Uremia	

Name of operation ..... Date of .....
What test confirmed diagnosis? Phys. Exam. 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.

(Licensed Embalmer's Statement on Reverse Side)

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 Embalmer for Flynn & Greenstreet, 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 KC Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.