

REC'D SEP 28 1938

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

Do not use this space.

1. PLACE OF DEATH

County Saline Registration District No. 796 File No. 30080
 Township Marshall Primary Registration District No. 3038 Registered No. 117
 City Marshall Hospital Hopital St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3-38

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

22. HEREBY CERTIFY, That I attended deceased from July 28 1938, to Aug 3 1938, I last saw him alive on Aug 3 1938. Death is said to have occurred on the date stated above, at _____ in _____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 2/90

7. AGE YEARS 30 MONTHS 9 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

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

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

acute peritonitis following gunshot wound of abdomen Date of onset 7/28/38

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Mo

Other contributory causes of importance: none

13. NAME Jake Brooks

Name of operation amputation Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicidal _____ Date of injury 7/30 1938

15. MAIDEN NAME Stella Smith

Where did injury occur? Saline Mo (Specify city or town, county, and State)

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

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Jake Brooks

Manner of injury gunshot wound

18. BURIAL, CREMATION, OR REMOVAL buried DATE 8-6-38

Nature of injury _____

19. UNDERTAKER Jones & Jones

24. Was disease or injury in any way related to occupation of deceased? no

(ADDRESS) Saline Mo

If so, specify _____

(ADDRESS) Saline Mo

(Signed) W. H. Jones, M. D.

20. FILED 8-6-38 19 38 Mary Kent Registrar.

(Address) Marshall Mo

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9/10/38