

RECEIVED NOV 18 1938

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

35424
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 3 Registration District No. 400
 (b) Township Prarie 1 Primary Registration District No. 55539
 (c) City Little-Blue-Mo (d) Street No. Jackson Co Home 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

(a) Residence, No. 12103 2nd St St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH 8:30 AM

3. SEX Male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 1887
 7. AGE YEARS 51 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-3-38 19'
 I HEREBY CERTIFY, That attended deceased from Sept 28 - 38 to Oct 3 - 38
 I last saw him alive on Oct 3, 1938 Death is said to have occurred on the date stated above, at 8:30 a.m.
 The principal cause of death and related causes of importance were as follows:

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 _____

Date of onset _____
Arterio-sclerotic insufficiency
 Other contributory causes of importance: ain

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dallas Texas

FATHER 13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER 15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Mary J Hill 2103 2nd St

18. BURIAL, CREMATION, OR REMOVAL Lincoln Cemetery KC Mo. 10-7-38

19. FUNERAL DIRECTOR (ADDRESS) William J Field KC Mo. 2

20. FILED Oct 8 1938 William J Field Local Registrar

Name of operation _____ Date of _____
 What test confirmed diagnosis? Phys Exam Was there an autopsy? _____

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

REVIEW INFORMATION shown be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state 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, 10-3-30

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Edw. J. Evans

Licensed Embalmer No. 3836

P. O. Address 1819 E. 15th St. N. W.

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.