

JAN 17 1939

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

41770  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Agri Primary Registration District No. 1092 Registered No. 4836  
 (c) City H. O. Mo. (d) Street No. General Hospital #2 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. 1302 E. 16th 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

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Lucille Black  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-31-1906  
 7. AGE YEARS 32 MONTHS 6 DAYS 9.2 If LESS than 1 day, hrs. or min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Consultant  
 9. Industry or business in which work was done, as saw mill, bank, etc. - J.P.A.  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-9, 1938  
 22. I HEREBY CERTIFY, That I attended deceased from 11-10, 1938 to 12-9, 1938  
 I last saw him alive on 12-9, 1938. Death is said to have occurred on the date stated above, at 10:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

Pulmonary  
Tbc  
23

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

13. NAME Leroy Black

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

15. MAIDEN NAME Amie

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

17. INFORMANT (ADDRESS) Record Clerk  
General Hospital #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 12/12/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Watkins Bros  
1729 Lytle

20. FILED See 12/18/38  
M. H. Crowe  
Local Registrar.

Name of operation Date of

What test confirmed diagnosis? 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) J. O. ...  
(Address) General Hospital #2

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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 X14023

**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, .....

*T. B. Watkins*

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed *T. B. Watkins* .....

Licensed Embalmer No. *2889* .....

P. O. Address *1729 Lydia* .....

**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.**