

DEC'D JAN 13 1938

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

42061

Do not use this space.

5127

1. PLACE OF DEATH

(a) County Jackson
(b) Township Rein
(c) City Ke. Mo.

Registration District No.

Primary Registration District No.

Registered No.

(d) Street No. K.C. General Hospital 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. 5021 Thompson 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H.W. Snider

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30 1886

7. AGE YEARS 52 MONTHS 8 DAYS 6 months 1 day If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as 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) Dill.

13. NAME L. W. Helm

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

15. MAIDEN NAME Jess Black

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

17. INFORMANT (ADDRESS) H. W. Snider

18. BURIAL, CREMATION, OR REMOVAL PLACE Sudlow Mo. DATE Jan 2, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Blackman's Son
K.C. Mo.

20. FILED Dec 31, 1938 M. M. Brown

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-31-38

22. I HEREBY CERTIFY, That I attended deceased from 12-30-38 to 12-31-38

I last saw her alive on 7:00 PM Death is said to have occurred on the date stated above, at 7:00 PM

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

Shock from toxic purpura
7:00

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

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? 1

If so, specify. (Signed) P. J. De Maria M. D.

(Address) Supt Gen Hosp L. K.C. Mo.

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,

....., or by

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.