

REC'D APR 17 1939

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

9329

Do not use this space.

935

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township 7 East Primary Registration District No. 1092 Registered No. 935
(c) City J.C. 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. 2324 Forest 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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Matt Bass
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1864
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. About 75
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as saw mill, bank, etc. Domestic
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) Mo.

13. NAME Unknown

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

15. MAIDEN NAME Ellen Williams

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

17. INFORMANT (ADDRESS) Record Clerk General Hosp.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lincoln Cem. DATE Mar. 1 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) West, Appleton & Jones
K.C. Mo.

20. FILED 3-2 1939 M.M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-20 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-13 1939, to 2-20 1939

I last saw her alive on 2-20 1939 Death is said to have occurred on the date stated above, at 4:15 a.m.

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

Hypertensive type of heart disease & Cardiac Decompensation
Chronic Nephritis 131
Other contributory causes of importance:

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. Brown M. D.
(Address) General Hospital #2

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.

RECORDING INFORMATION—THIS IS A PERMANENT RECORD

1-14623

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. 2710

P. O. Address R. C. MO

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.