

REC'D APR 17 1939

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

Do not use this space.

9492

File No. 1098
Registered No. 1098
Ward

1. PLACE OF DEATH

County Jackson
Township Raw
City T. O. Mo. (No. 610)

Registration District No. 399
Primary Registration District No. 1002
General Hospital #2 St.

2. FULL NAME

(a) Residence No. 1029 Independence 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

3. SEX male
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4 - 1895

7. AGE YEARS 43 MONTHS 19 DAYS 5
If LESS than 1 day, hrs. or min.

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

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

13. NAME Anthony Harvey @

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

15. MAIDEN NAME Sarah Kuh

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

17. INFORMANT (ADDRESS) Record Clerk General Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 3/11 1939

19. UNDERTAKER (ADDRESS) McKim Bros 15 & 16 Lydia

20. FILED Nov 11 1939 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-9 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-3 1939, to 3-9 1939

I last saw him alive on 3-9 1939 Death is said to have occurred on the date stated above, at 8:15 P.M.

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

Moderately Advanced Pulmonary Tuberculosis
Cavitation
Mental Disturbance

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. Dupont M. D.
(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.

OK
A

H. B. Jenkins
2889
1729 Lydia