

REC'D APR 25 1939

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

Do not use this space. . .

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township 7 EastPrimary Registration District No. 1002City 7 E. 6. Mo.(No. General Hospital #2)File No. 982344

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. General Hospital #2 Ward.

(Usual place of abode)

(If nonresident, give City, 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) Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 18 - 19397. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min. Still Birth8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. not Employed

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 Mattie Parker14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.15. MAIDEN NAME Mable Brown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.17. INFORMANT Recorcl Clerk(ADDRESS) General Hosp.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Deeds Cemetery DATE 3-24 193919. UNDERTAKER W. H. Appleton & Jones(ADDRESS) City20. FILED Nov 22 1939 M. M. Brown

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-18 193922. I HEREBY CERTIFY, That I attended deceased from 3-18 1939, to 3-18 1939I last saw him alive on 3-18 1939 Death is saidto have occurred on the date stated above, at 7:45 m. P. M.

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

Date of onset

Still Born

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. D. Turner 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.

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