

DECD MAY 10 1939

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

13784

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kau Primary Registration District No. 1092 Registered No. 1538
(c) City N. 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. 917 Independence (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 <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unk.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-21-1884</u>		
7. AGE <u>54</u>	YEARS <u>6</u>	MONTHS <u>13</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Porter</u>		11. Total time (years) spent in this occupation <u>1</u>
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>La.</u>		
13. NAME <u>Dont Know</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont Know</u>		
15. MAIDEN NAME <u>Dont Know</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont Know</u>		
17. INFORMANT (ADDRESS) <u>Record Clerk General Hospital</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Leeds Cemetery</u> DATE <u>4/11/39</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>West of Webster St. 1901 Vine St.</u>		
20. FILED <u>Apr 11, 1939</u> <u>M. Brown</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-4, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-11, 1939, to 4-4, 1939. I last saw him alive on 4-4, 1939. Death is said to have occurred on the date stated above, at 10:15 P.M.. The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis

Other contributory causes of importance: 23

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? 1
If so, specify
(Signed) A. C. Dyer, M. D.
(Address) General Hospital #2

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, C. H. West, Licensed Embalmer No. 2710
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
L. E. C. H. West,
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)