

REC'D MAY 10 1936

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

14062

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson | Registration District No. 399
(b) Township Kau | Primary Registration District No. 1002
(c) City K.C. Mo. | (d) Street No. General Hospital #2 Registered No. 1816
(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. 3808 E. 13th 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 <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frances M^c Bride</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-28-1869</u>		
7. AGE YEARS <u>70</u>	MONTHS <u>0</u>	DAYS <u>28</u> If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Labourer</u>	11. Total time (years) spent in this occupation
	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>Arkansas</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unk. 9</u>	
MOTHER	15. MAIDEN NAME <u>Unk. 9</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unk. 9</u>	
17. INFORMANT (ADDRESS) <u>Record Clerk General</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lincoln</u> DATE <u>5/1</u> , 19 <u>36</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Hatkins Bros 1729 Lydia May 1, 1936 M. M. Brown</u>		
20. FILED <u>May 1, 1936 M. M. Brown</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-26, 193922. I HEREBY CERTIFY, That I attended deceased from 4-23, 1939, to 4-26, 1939I last saw him alive on 4-26, 1939. Death is said to have occurred on the date stated above, at 5:40 m. P. M.

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

Extraction of tooth followed by Osteomyelitis of Mandible (Clinically)

Other contributory causes of importance:

Date of onset

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?

If so, specify.....

(Signed) J. O. O'Quinn, 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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, T. B. Watkins, Licensed Embalmer No. 2889

hereby certify that the body recorded on the reverse side of this certificate was embalmed by T. B. Watkins

L. E.

No. 2889 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed T. B. Watkins

Licensed Embalmer No. 2889

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.)