

AUG 7 1939

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

24515

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Town Ray Primary Registration District No. 1007 Registered No. 2728
(c) City W.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. 2550 Tracy 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 male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Lee Cason

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-22-1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 2 13

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Janitor
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo. O.

FATHER 13. NAME Chas. Cason O
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. O

MOTHER 15. MAIDEN NAME Lady Granville
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Record Clerk, General Hosp.

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 7-8-39

19. FUNERAL DIRECTOR (ADDRESS) H. B. Moore, 1820 E. 18th, N. C. Mo.

20. FILED July 7 1939 M. M. Brown Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-5 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-14, 1939, to 7-5, 1939

I last saw him alive on 7-5, 1939 Death is said to have occurred on the date stated above, at 2:00 m. a. m.

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

Terminal Broncho Pneumonia

Other contributory causes of importance: 80

Name of operation Tato Paresis Clinically Date of 80
What test confirmed diagnosis? P. m. 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. A. Brown, 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.

MARGIN RESERVED FOR BINDING

U. S. NO. 2.

50M-7-20-37

I X12004

STATEMENT BY LICENSED EMBALMER

I, AB Moore, Licensed Embalmer No. 2410

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed AB Moore

Licensed Embalmer No. 2410

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.)