

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

Do not use this space.

22301

1. PLACE OF DEATH

County Clay
Township Liberty
City Liberty

Registration District No. 201
Primary Registration District No. 3012

File No. _____
Registered No. 71
St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. N. Gallatin St. _____ Ward. _____
(Usual place of abode)

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 Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 20-1918

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
12 2 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. School girl
(b) General nature of industry, business, or establishment in which employed (or employer). _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

10. NAME OF FATHER Jess Stewart
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Liberty Mo
12. MAIDEN NAME OF MOTHER Lizzie Johnson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Liberty Mo

14. INFORMANT Jess Stewart
(Address) Liberty Mo
15. FILED 8/10/30 W. H. Woodson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 8-1930

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him alive on July 8, 1930, and that death occurred, on the date stated above, at 10:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Indiscorditis
& Myocarditis 936

CONTRIBUTORY (SECONDARY) Tonallitis 1 yr ago
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT A PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. H. Woodson, M. D.
7/10/30 (Address) Liberty Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Tarver Liberty Mo DATE OF BURIAL 7/10/1930
20. UNDERTAKER Chenot-Archer Co Liberty Mo ADDRESS _____

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 may interfere.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

