

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.

JUL 28 1937

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

Do not use this space.

23816

1. PLACE OF DEATH

County Henry
Township Fields Creek
City Clinton (No. 5)

Registration District No. 347
Primary Registration District No. 5490

File No. 33
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Felix H Black

(a) Residence, No. County farm 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (or WIFE OF) Lucinda Pearl Black

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1854 - May 17

7. AGE YEARS 83 MONTHS 1 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw 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) Hickory County

13. NAME Wm. Black

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hickory County

15. MAIDEN NAME Julia Wells

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hickory County

17. INFORMANT (ADDRESS) Mrs. N. A. Pharis Windsor, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE 6/23 - Windsor, Mo.

19. UNDERTAKER (ADDRESS) C. W. Austin Windsor, Mo.

20. FILED June 28 1937 J. R. Hampton Registrar

9:15 AM MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/21, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1937, to 6-21, 1937

Last saw him alive on 6-20, 1937 Death is said to have occurred on the date stated above, at 9:20 a.m.

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

Mitral Insufficiency Date of onset 77

Other contributory causes of importance: arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 1
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) J. B. Franklin, M. D.

(Address) Clinton, Mo

