

REC'D MAR 17 1938

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

Do not use this space.

1. PLACE OF DEATH

42 County Henry
Township Clinton
City Clinton (No.)

Registration District No. 347
Primary Registration District No. 3018

File No. 6868
Registered No. St. Ward

2. FULL NAME

(a) Residence, No.
(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos. 22 ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

Black

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)

Feb-15-1938

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

22

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Clinton Mo

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

13. NAME

Sterling Brown

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

15. MAIDEN NAME

Lutitia Dozier

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

Calif.

17. INFORMANT

(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19. UNDERTAKER

(ADDRESS)

20. FILED

3-121938D. J. R. Hompler

Registrar.

312

MEDICAL CERTIFICATE OF DEATH

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

March-10 1938

22. I HEREBY CERTIFY, That I attended deceased from

Feb-15 1938 to March-10 1938I last saw him alive on March 2 1938 Death is saidto have occurred on the date stated above, at 2:30 A.M.

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

Date of onset

Hemorrhage from sagittal sinus3-3-38

Other contributory causes of importance:

159 Premature birth

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

Nature of injury

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

If so, specify

James Smith, M. D.

(Signed)

Clinton Mo (Address)

