

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

Do not use this space.

43060

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....

Registration District No. 791  
Primary Registration District No. 1073

File No.....  
Registered No. 12348  
St..... Ward.....

**2. FULL NAME**

(a) Residence. No. 1822 Belle Glade St. 11 Ward.....  
(Usual place of abode)

(If nonresident, give city or town and State)

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 male 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) 10-26-1908

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<u>20</u>	<u>5</u>	<u>19</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Laborer  
(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) MISS.

**10. NAME OF FATHER**

Ned Wain

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) MISS.

**12. MAIDEN NAME OF MOTHER**

Alice Wallace

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) MISS.

**14.**

INFORMANT Anna J. Woodard  
(Address) City Hospital #2

**15.**

FILED 18 1928 Wm E. Barker REGISTRAR

**3**

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 5 1928

17. I HEREBY CERTIFY, That I attended deceased from November 22 1928, to December 28 1928, that I last saw him alive on December 15 1928, and that death occurred, on the date stated above, at 2:18 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Miliary Tuberculosis  
36 (duration) yrs. mos. ds.  
36 Tuberculous Peritonitis  
(SECONDARY) (duration) Indefinite

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? yes DATE OF 11/26/28

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Laboratory  
(Signed) J. J. Thomas, M.D.

12/7/28 (Address) City Hospital #2

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

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

Booster Washington 12/19 1928

**20. UNDERTAKER**

**ADDRESS**

J. M. Green 357 Soledad

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.

