

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.

MAY 22 1933

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

Do not use this space.

12364

1. PLACE OF DEATH
 10 County Boone Registration District No. 73
 3 Township Columbia Primary Registration District No. 3006
 8 City Columbia (No. St. Ward)

2. FULL NAME William Freeman
 (a) Residence, No. 226 Lynn St. 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) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-6-1900

7. AGE YEARS 32 MONTHS 7 DAYS 5 If LESS than 1 day, hrs. or min.

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

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) Oct. 1, 1932 11. Total time (years) spent in this occupation

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

MOTHER FATHER 13. NAME William Freeman

14. BIRTHPLACE (CITY OR TOWN) Saline County (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Ella Francis Robinson

16. BIRTHPLACE (CITY OR TOWN) Saline County (STATE OR COUNTRY) Missouri

17. INFORMANT Ella Freeman (ADDRESS) Columbia, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE 4-13-1933

19. UNDERTAKER Steph D Parker (ADDRESS) Columbia, Missouri

20. FILED H/12/1933 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 13 1932 to April 11 1933
 I last saw him alive on April 9 1933 Death is said to have occurred on the date stated above, at 5:00 a. m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary TB
 Other contributory causes of importance:
23

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?
 If so, specify

(Signed) Dr. Moore, M. D.
 (Address) Columbia Mo

