

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.

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

Do not use this space.

APR 26 1935

9420

1572

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township West No. Primary Registration District No. 1002
City General Prop #2 (No. General Prop #2) St. 3rd Ward)

2. FULL NAME

(a) Residence, No. 1707 E. 14th 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-6-1914
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
20 11 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery 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) _____ M. Total time (years) spent in this occupation _____

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

MOTHER 13. NAME unknown

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Record Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE holds DATE 3/30 35

19. UNDERTAKER (ADDRESS) H. B. MOORE 1820 E-18 St.

20. FILED 3-30, 1935 in memo Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-26, 1935
22. I HEREBY CERTIFY, That I attended deceased from 1-29, 1935, to 3-26, 1935
I last saw alive on 3-26, 1935. Death is said to have occurred on the date stated above, at 10:20 A. M.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset _____
Empyema

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? No
If so, specify _____
(Signed) A. O. Turner M. D.
(Address) General Prop. #2

