

DEC 20 1936

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

Do not use this space.

1. PLACE OF DEATH

County JacksonRegistration District No. 399File No. 41417Township JacksonPrimary Registration District No. 1002Registered No. 5098City Jackson, Mo. (No. General Hosp #2)St. 3rd (ward)

2. FULL NAME

(a) Residence, No. 456 E 3rd St., Ward. 3rd

(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) Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin. 568. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

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.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) Record Clerk General Hospital #218. BURIAL, CREMATION, OR REMOVAL PLACE decease DATE 11/23/3619. UNDERTAKER (ADDRESS) H. B. Moore 1820 E. 18th St. J.C. Mo.20. FILED Nov. 23, 1936 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-17, 193622. I HEREBY CERTIFY, That I attended deceased from 11-15, 1936, to 11-17, 1936I last saw him alive on 11-17, 1936. Death is said to have occurred on the date stated above, at 11:45 A.M.

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

Right Lobar Pneumonia Date of onsetAcute GlomerulonephritisOther contributory causes of importance: Suppurative Cystitis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 1936Where did injury occur? (Specify city or town, county, and State) 103

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) J. C. Brown M.D. (Address) General Hosp #2

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.

