

APR 17 1939

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Blue
City Jackson City (No. 7 B. Hospital)

Registration District No. 399
Primary Registration District No. 1002

File No. 9765
Registered No. 1371
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 5607 Baker St., Baker Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edith Blackford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 3 1917

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
20 years 6 mo 26 da

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

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) Wash. Station
Missouri

13. NAME Ernest Cole

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

15. MAIDEN NAME Alice Masterson

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

17. INFORMANT H. C. J. B. Hospital
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodlawn Cem. DATE April 1 1939

19. UNDERTAKER Gato & Speaks Funeral Home
(ADDRESS) Independence, Mo.

20. FILED Apr 31 1939 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29 1939

I HEREBY CERTIFY That I attended deceased from File 12 1938 to March 1939

I last saw him alive on March 29 1939. Death is said to have occurred on the date stated above, at 7:30 p.m.

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

Pulmonary tuberculosis

Other contributory causes of importance:

Name of operation None Date of operation _____
What test confirmed diagnosis? Spec. T. Sp. St. Autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury _____, 19____

Where did injury occur? _____
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify: As above
(Address) Jackson City, Mo.

MARGIN RESERVED FOR BINDING

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.

