

1939 SEP 6 1939

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

28350
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Jean Primary Registration District No. 1002 Registered No. 3352
 (c) City J.C. Mo. (d) Street No. General Hospital #2 St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 370 Infant Mathis
1606 Jack 2nd fl. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 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) 7-19-1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
 9. Industry or business in which work was done, as 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) Kansas City Mo.

FATHER 13. NAME Joe Mathis
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER 15. MAIDEN NAME Lurina M. Kenney
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Record Clerk General Hospital #2

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE Aug. 25, 1939

19. FUNERAL DIRECTOR (ADDRESS) H. B. Moore 1820 S. 18th St. K.C. Mo.

20. FILED J.M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-22 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-29, 1939 to 8-22, 1939

I last saw him alive on 8-22, 1939 Death is said to have occurred on the date stated above, at 11:15 m. P.M.

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

Malnutrition
159

Other contributory causes of importance
Premature Birth
Marasmus

Name of operation _____ Date of _____
 What test confirmed diagnosis? P.M. Was there an autopsy? yes

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) J. O. Sargent, M. D.
 (Address) General Hospital #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.

STATEMENT BY LICENSED EMBALMER

I, A. B. Moore, Licensed Embalmer No. 2410

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed A. B. Moore

Licensed Embalmer No. 2410

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)