

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

Do not use this space.

10139

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
Township Kear Primary Registration District No. Montgall  
City Kansas City (No. 2401)

File No. 1413  
Registered No. 1413  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 2401 Montgall St., 11 Ward. (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 <u>M</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Matilda Jackson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 15, 1846</u>		
7. AGE	YEARS	MONTHS
<u>85</u>	<u>0</u>	<u>9</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
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) <u>1929</u>		11. Total time (years) spent in this occupation <u>Life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Spottsylvania Co. Va.</u>		
13. NAME <u>Unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Matilda Washington</u> (ADDRESS) <u>2401 Montgall</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Liberty, Mo.</u> DATE <u>Mar. 26, 1931</u>		
19. UNDERTAKER <u>Church Archer</u> (ADDRESS) <u>Liberty, Mo.</u>		
20. FILED <u>2/24</u> , 19 <u>31</u> <u>M. Brown</u> Registrar		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24, 1931

22. I HEREBY CERTIFY, that I attended deceased from April 12, 1931, to March 22, 1931. I last saw him alive on March 18, 1931. Death is said to have occurred on the date stated above, at 2 P. m. The principal cause of death and related causes of importance were as follows:  
Infarct stenosis  
Chronic bronchitis  
Senility  
131  
92A  
151  
Other contributory causes of importance:  
Senility

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical there an autopsy? \_\_\_\_\_

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 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) Henry George M. D.  
(Address) 2614 Howard St. K. C. Mo

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.

26) Cleveland