

OCT 22 1935

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

Do not use this space.

29534

1. PLACE OF DEATH

County Jackson
Township Jay
City J. C. Mo. (No. General Hosp #2)

Registration District No. 3
Primary Registration District No. 12
St. 3rd Ward

File No. 29534
Registered No. 29534
St. 3rd Ward

2. FULL NAME

(a) Residence, No. 638 E. 23rd St. Ward. 3

(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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Dudley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-3-1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 4 6

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

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) ky.

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 Liberty, Mo. DATE 9-15, 1935

19. UNDERTAKER (ADDRESS) Adkins Brothers, 2000 E. 12th St.

20. FILED Sept 17, 1935 M. M. Ceron Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-9, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-21, 1935, to 9-9, 1935

I last saw him alive on 9-9, 1935 Death is said to have occurred on the date stated above, at 7:15 P.M.

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

Rheumatic Type Date of onset

Heart Disease with

Hypertension

Other contributory causes of importance: 2

Decompensation

Name of operation Clinical Date of 9-9-35

What test confirmed diagnosis Clinical Was there an autopsy? No

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) J. C. Dudley 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.

