

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

Do not use this space.

**MAR 21 1936**

5781

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township Kan Primary Registration District No. 1002 File No. \_\_\_\_\_  
 City Kansas City (No. General Hospital) Registered No. 574 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Rella S Bingham  
 (a) Residence, No. 1804 ash ave, St. Indep mo Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 26 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>wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lena Bingham</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 2 - 1884</u>		
7. AGE YEARS <u>52</u>	MONTHS <u>1</u>	DAYS <u>1</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salesman</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Purity Cereal Co</u>		
10. Date deceased last worked at this occupation (month and year) <u>FEBRUARY - 1936</u>		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arrow Rock mo</u>		
13. NAME <u>George S Bingham</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arrow Rock mo</u>		
15. MAIDEN NAME <u>Margaret Huff</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Remick mo</u>		
17. INFORMANT (ADDRESS) <u>John Eastham 3915 Brooklyn</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Arrow Rock mo</u> DATE <u>Feb - 5 - 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Whitcomb Sons Kansas City mo</u>		
20. FILED <u>74</u> 19 <u>36</u> <u>M. M. Brown</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb - 3 - 1936

22. I APPLY CERTIFY that deceased died from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, 200 m.  
 The principal cause of death and related causes of importance were as follows:  
Typhoid Poisoning  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
in

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis \_\_\_\_\_ Was there an autopsy \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of injury 2/3/36  
 Where did injury occur? 1804 ash ave (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Drunk typhoid  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) [Signature], M. D.  
 (Address) [Signature]

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.

