

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

1. PLACE OF DEATH  
 County Jackson Registration District No. 399 File No. \_\_\_\_\_  
 Township Kant Primary Registration District No. \_\_\_\_\_ Registered No. 6276  
 City Kansas City (No. 2522 Woodland) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME  
 (a) Residence No. 2522 Woodland Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED single  
 (write the word)

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 1 - 1919

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
6 0 0 \_\_\_\_\_

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work none  
 (b) General nature of industry, business, or establishment in which employed (or employer) none  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 2522 Woodland

10. NAME OF FATHER Jno. Phos. Crans

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Iowa

12. MAIDEN NAME OF MOTHER Miss Emily Arvina Henderson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Iowa

14. INFORMANT Jno. Phos. Crans  
 (Address) 2522 Woodland

15. FILED 2-2-20 M. M. Crumley  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 1 1920

17. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1920 to Feb 1, 1920  
 that I last saw him alive on Jan 31, 1920, and that death occurred, on the date stated above, at 7 a m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Bronchial Pneumonia  
 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) hypertension  
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH: \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY: \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS:  
2 (Signed) R. M. Smith, M. D.  
 (Address) 505 Grand Ave Temple

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Forest Hill 10 DATE OF BURIAL: 2-2-19 20

20. UNDERTAKER: Elyse Bros ADDRESS: 1800 Linwood

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.

