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.

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

Do not use this space.

1257

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 1257

Township Kaw — Primary Registration District No. 5002 — Registered No. 304

City Kansas City (No. St. Mary's Hospt St. Ward)

2. FULL NAME Thomas Single

(a) Residence. No. St., Ward. 4401 Springfield Ave KC Mo
(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: M
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Iva Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 26, 1898

7. AGE: Years 28 | Months 0 | Days 25 | If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: John Single
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Ida Lotsprech
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.

14. INFORMANT: Mrs. Iva Single
(Address) 4401 Springfield

15. FILED Jan 21, 1927 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 21 1927

17. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1926, to Jan 21, 1927 that I last saw him alive on Jan 21, 1927, and that death occurred, on the date stated above, at 5:40 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute peritonitis
121A
129 11A
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Perforated appendix
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? St Mary Hospital

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) E. L. Mell, M. D
1/21, 1927 (Address) KC Mo

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Creighton, Mo.
DATE OF BURIAL: Jan. 22 1927

20. UNDERTAKER: D W Newcomer's Sons
ADDRESS: KC Mo

W. G. [illegible]
800 Realty Bldg
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