

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

Do not use this space.

30652

**1. PLACE OF DEATH**

County Jackson

Registration District No. 395

File No. 7002

Township Kennett

Primary Registration District No. 7002

Registered No. 2106

Kansas City (City or Town)

Wheatley Prot. Hosp. (Name of Institution)

St. 2

Ward

**2. FULL NAME**

Emmitt Timmons

(a) Residence. No. 2435 Euclid St.

(Usual place of abode)

Ward. 4

(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**

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Jan. 29, 1898

**7. AGE**

29 YEARS

9 MONTHS

**DAYS**

IF LESS than 1 day,      hrs. or      min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Porter

(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)

Missouri

**10. NAME OF FATHER**

Hugh Timmons

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Virginia

**12. MAIDEN NAME OF MOTHER**

Martha Alexander

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Missouri

**14.**

INFORMANT (Address)

Hugh Timmons  
927 Michigan

**15.**

FILED

11/3, 1927 M. M. Lester  
assr REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 10-29-1927

**17.** I HEREBY CERTIFY, That I attended deceased from Deputy Coroner

1927, to 1927, and that I last saw h.      alive on     , 1927, and that death occurred, on the date stated above, at     .

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Suicide by jumping from building (169  
169 (duration) yrs. mos. ds.)  
jury verdict

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF     

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? autopsy

(Signed) Deputy Coroner, M. D.

(Address) Deputy Coroner

\*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**

**DATE OF BURIAL**

Carrollton Mo

11/4 1927

**20. UNDERTAKER**

**ADDRESS**

Watkins Bros.

1729 Lydia

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.

