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.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 5009
Township Kaw — Primary Registration District No. 1002 — Registered No. 689
City Kansas City (No. 910 West 42nd St. ..... St. ..... Ward)

2. FULL NAME Malcolm G Samuel
(a) Residence. No. 910 W. 42nd St., 17 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 50 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: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 18-1869
7. AGE: Years 59 — Months 0 — Days 24 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(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): England

PARENTS
10. NAME OF FATHER: Thomas D Samuel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Scotland
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): England

14. INFORMANT: Wm R Samuel
(Address) 910 West 42nd St
15. FILED 2/14, 1928 M. M. Crowe, Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 12 1928
17. I HEREBY CERTIFY, That I attended deceased from July 2nd, 1927, to Feb 12, 1928, that I last saw him alive on 2-12, 1928, and that death occurred, on the date stated above, at 10 25 A m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of neck - original site lower right - alveolus
(duration) 1 yrs. 6 mos. ds.
CONTRIBUTORY (SECONDARY) Starvation
(duration) yrs. 1 mos. 20 ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no — DATE OF used radium
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Saw. Ayres, M. D
2-13, 1928 (Address) 814 Argyle Bldg

*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: Forest Hill — DATE OF BURIAL: Feb 14 1928
20. UNDERTAKER: D. W. Newcomb's Sons — ADDRESS: City

50 E-55th St Terrace
Hi 0890

[illegible] Clayres

~~[illegible]~~

Vic [illegible]

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