

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

Do not use this space.

40661

1. PLACE OF DEATH

County Jackson
Towship Wren
City Kansas City (No. 12th and Indian Ward)

Registration District No. 399
Primary Registration District No. 1002

File No. 1002
Registered No. 1002

2. FULL NAME

(a) Residence, No. 3803 East 13th St., 12 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

XXXX

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

Sept 15 1926

7. AGE

YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
2	2	24	

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9. BIRTHPLACE (CITY OR TOWN)

Kansas City

(STATE OR COUNTRY) Missouri

10. NAME OF FATHER

Samuel Gorman

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Italy

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Garrison

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Italy

(STATE OR COUNTRY)

14.

INFORMANT Sam Gorman
(Address) 3803 East 13th

15.

FILED 17 11, 1928 M.M. Conner
REGISTRAR
arr

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-9 1928

17. I HEREBY CERTIFY, That I attended deceased from

Deputy Coroner
....., 19....., to 19....., and that I last saw him..... alive on....., 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

accidental automobile
fracture - R.C.M.
12-9

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH.....

DID AN OPERATION PRECEDE DEATH.....

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS Inspection of body

17 (Signed) Stanley M. Hall, 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

mt. st mary 12-11 1928

20. UNDERTAKER

A. S. S. City

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

