

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.

1598

1. PLACE OF DEATH

County Dickson
Township Ida
City Kansas City

Registration District No. 399

Primary Registration District No. 1002

File No. 189

Registered No. 189

St. Mo. Ward 1

2. FULL NAME

Marcel William
(a) Residence. No. Carver House St. Mo. Ward 1
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. 0 ds. How long in U.S., if of foreign birth? yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

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)

Oct 28, 1961

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

67

2

12

8. OCCUPATION OF DECEASED

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

Labourer

(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)

Penn

10. NAME OF FATHER

Levi K. Marcel

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Penn

12. MAIDEN NAME OF MOTHER Elsa. Shure

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Penn

14.

INFORMANT
(Address)

Diana Clark
K.C. General Hosp.

15.

FILED 1-14-29 M. M. Crowe
asst REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

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

Jan 10 1929

17.

I HEREBY CERTIFY, That I attended deceased from Dec 25, 1928, to Jan 10, 1929, that I last saw him alive on Jan 10, 1929, and that death occurred, on the date stated above, at 8:25 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia
98.3

105.13 (duration) 156 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY) Gangrene of foot
Diabetes? (duration) 156 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

2 DID AN OPERATION PRECEDE DEATH? yes DATE OF 1-2-29

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Spec. + Lab. + Clin. Findings

(Signed)

P. E. Williams, M. D.

1-11, 1929 (Address) Supt K.C. Genl Hosp

*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

Leeds 1/15 1929

20. UNDERTAKER

ADDRESS

W. Mast 1915 East 15

