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

Do not use this space.

6844

399

1. PLACE OF DEATH
County Jackson — Registration District No. 1002 — File No. 1009
Township Kaw — Primary Registration District No. — Registered No.
City Kansas City (No. 708 Westport Road St. Ward)

2. FULL NAME James Martin Backus
(a) Residence. No. 708 Westport Road St., 7 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Married |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 16, 1866

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 62 | 7 | 11 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Bircklayer
(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) Michigan

PARENTS
10. NAME OF FATHER John Backus
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Canada
12. MAIDEN NAME OF MOTHER Martha Pettybone
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Canada

14. INFORMANT Mrs Virgie Backus
(Address) 708 Westport Road

15. FILED 3/1, 1929 M. M. Carowe Assn REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 27 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1929 to Feb 27, 1929 that I last saw him alive on Feb 27, 1929, and that death occurred, on the date stated above, at 5:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Tongue
45B
53B
43
(duration) 1 yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) Cachexia
(duration) yrs. 1½ mos. ds.

18. WHERE WAS DISEASE CONTRACTED at Place of Residence
IF NOT AT PLACE OF DEATH
0 DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) S. E. Haynes, M. D.
2/28/1929 (Address) 925 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 | DATE OF BURIAL |
|---|---|
| Mt Washington | 3/2/29 19 |

| 20. UNDERTAKER | ADDRESS |
|---|---|
| R. W. Lindsey & Sons | Kans City, Mo |

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.

920 Argyle