

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

Do not use this space.

34095

1. PLACE OF DEATH

County Jackson Registration District No. 484
 Township East Washington Primary Registration District No. 3337
 City Kansas City, Mo. (No. 2129 East 81st St. Ter.) St. _____ Ward _____

File No. _____
 Registered No. 42

2. FULL NAME Luther William Searcy

(a) Residence. No. 2129 E 81st St. Ter. St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 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 white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 16, 1873

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	56	0	14	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer
 (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 Clifton Searcy

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Dont know

12. MAIDEN NAME OF MOTHER Dont know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Dont know.

14. INFORMANT Mrs. Clara Searcy
 (Address) 2129 E 81st St. Ter. P.M.

15. FILED 11-3-19 B.F. Cannon REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 30 1929

17. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____ that I last saw him alive on Oct 29 1929 at _____, 19____, and that death occurred, on the date stated above, at _____, 19____.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of
Left side of Neck
53E (duration) 1 yrs. 8 mos. ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____ IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS _____
 (Signed) H.G. Haworth D.O. M. D.
Oct 30 1929 (Address) 2002 Prospect

*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 Belton, Missouri DATE OF BURIAL 11/1/29 19

20. UNDERTAKER Greenm Mortuary ADDRESS 104 W 42nd

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS SIGNATURES should be written in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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get permit