

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

Do not use this space.

40878  
5234

**1. PLACE OF DEATH**

County Barren  
Township of Raw  
City Kansas City

Registration District No. 399  
Primary Registration District No. 1002  
(No. St Marys Hospital)

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. .... St. .... Ward. Osawatomie Kansas  
(Usual place of abode)

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 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 Katherine M. Mary

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 8 - 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
54 | 3 | 14

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Railroad Conductor  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Pennsylvania  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Samuel M. Mary

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pennsylvania  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Maggie Stevens

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pennsylvania  
(STATE OR COUNTRY)

14. INFORMANT Mrs Katherine M. Mary  
(Address) Osawatomie Kansas

15. FILED 12/29/29 M. M. Crowe  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 23 1929

17. Deputy Coroner  
I HEREBY CERTIFY, That I attended deceased from .....  
19....., to ..... 19....., 19.....  
that I last saw h..... alive on ..... 19....., and that  
death occurred, on the date stated above, at.....m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

accidental Rail Road Trauma  
Postal Run -  
2.07M (duration) yrs. mos. ds.

CONTRIBUTORY Injury while  
(SECONDARY) working (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRIBUTED IF NOT AT PLACE OF DEATH  
0/1500 yes DATE OF 24/29  
DID AN OPERATION PRECEDE DEATH? .....  
WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS Autopsy  
(Signed) Stanley M. Hall M. D.

12/23, 1929 (Address) Osawatomie

\*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 Marys Cemetery DATE OF BURIAL Dec 26 1929

20. UNDERTAKER John J. Sheehan ADDRESS N. E. 1000

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.

