

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

Do not use this space.

1167

1. PLACE OF DEATH

County Jackson
Township Leeds
City Leeds

Registration District No. 399

Primary Registration District No. 1000

No. Leeds Hospital

File No. 100
Registered No. 100
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 1320 Paseo St. 2 Ward. Kansas City, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 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 negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

7. DATE OF BIRTH (MONTH, DAY AND YEAR) May 2, 1908

8. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
21 8 7

9. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Dish washer
(b) General nature of industry, business, or establishment in which employed (or employer) Hotel
(c) Name of employer _____

10. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

11. NAME OF FATHER Sutherland Sam

12. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

13. MAIDEN NAME OF MOTHER Jackson Amanda

14. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

15. INFORMANT K.C.T.B. Hospital
(Address) Leeds Mo

FILED Jan 23 1930 M.M. Grove REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 9 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1929, to Jan 9, 1930 that I last saw him alive on Jan 7, 1930, and that death occurred, on the date stated above, at 8 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Pulmonary Tuberculosis
(duration) yrs. 1 mos. 0 ds.

CONTRIBUTORY (SECONDARY) None
(duration) yrs. _____ mos. _____ ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Christ X Ray
(Signed) Edwin H. Lee, M. D.

Jan 10, 1930 (Address) 1830 Vine K.C. Mo
*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 West Lawn Cemetery DATE OF BURIAL 1/14 1930

20. UNDERTAKER West Lawn Cemetery ADDRESS 1600 E. 19th

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.

