

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

Do not use this space.

8077

1. PLACE OF DEATH

County Clay Registration District No. 197
 Township Gallatin Primary Registration District No. 5776
 City no K.C. Mo. (No. Kansas City, Mo. St. no Ward no)

File No. _____
 Registered No. 11

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 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) July 5 - 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
21 8 5

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER J. Mc Gee

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

12. MAIDEN NAME OF MOTHER _____

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

14. INFORMANT J. Mc Gee
 (Address) Kansas City, Mo.

15. FILED 3/2 1930 J. R. Wigg REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at 3:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
his being shot by officers in District Court
1930 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 1917 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) W. L. Wynous-Crow M. D.

3/10 19 30 (Address) Liberty Clay Co 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 FOREST HILL, KCM DATE OF BURIAL 3/12 30

20. UNDERTAKER J. F. O. Donnell ADDRESS no K.C. 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.

MISSOURI STATE BOARD OF HEALTH

APR 9 1930

