

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

Do not use this space.

26736

**1. PLACE OF DEATH**

County..... Jackson Registration District No. .... 200  
Township..... Kaw Primary Registration District No. ....  
City..... Kansas City (No. 3241) Wak (No. 1002)

File No. ....  
Registered No. 3310  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 3241 Oak St. 6 Ward. (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 m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
63

**8. OCCUPATION OF DECEASED**

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

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Mich

PARENTS

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs Mary M Keller  
(Address) 4 E 169th

15. FILED 9/11, 1930 M. M. Crow REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 11 1930

17. I HEREBY CERTIFY, That I attended deceased from April, 1924 to July 11, 1930 that I last saw him alive on Aug 10, 1930, and that death occurred, on the date stated above, at 4:00 p.m.

18. THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
450 Cancer of tongue and  
470 tongue

(duration) 2 yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) general stagnation of  
arteries unable to swallow but liquids  
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF BIRTH

DID AN OPERATION PRECEDE DEATH? no DATE OF

19. WHAT TEST CONFIRMED DIAGNOSIS? microscopical  
(Signed) E. H. Jellinger, M. D.

8/11, 1930 (Address) R.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 Elmwood DATE OF BURIAL Aug 12 1930

20. UNDERTAKER S. H. Newcome's Trust Co Mo ADDRESS

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Wm. Paul  
L. 0190  
11-5