

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

Do not use this space.

30167

File No. 2975
Registered No. 2975
St. _____ Ward)

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township J. Kaw Primary Registration District No. 10.27
City Kansas City (No. Kansas City Genl Hosp)

2. FULL NAME

George Ames
(a) Residence. No. Prarie Du Rocher Illinois Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

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)

Single

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

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

Jan 23, 1921

7. AGE

YEARS 9

MONTHS 8

DAYS 7

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

East of Louis

(STATE OR COUNTRY)

Illinois

10. NAME OF FATHER

John Ames

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Illinois

12. MAIDEN NAME OF MOTHER

Ruth Spicer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Illinois

14. INFORMANT

De Wanda Clark
(Address) Kansas City Genl Hosp

15. FILED

9/30, 30 M. M. Croome
REGISTRAR
ason

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 30 1930

17.

I HEREBY CERTIFY, That I attended deceased from Sept 29, 1930, to Sept. 30, 1930
that I last saw him alive on Sept. 30, 1930, and that death occurred, on the date stated above, at 8:20 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diphtheria resulting from
ulcer of heel
22
194B

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

CONTRIBUTORY (SECONDARY)

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS Smears & Autopsy
(Signed) P. E. Williams, M. D.

9-30 .1930 (Address) Supr. K. C. Genl Hosp 72 Ch

*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

DATE OF BURIAL

Red Bud Illinois

Oct 20 1930

20. UNDERTAKER

ADDRESS

John J. Sheehan

K. E. Mc

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.

