

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

Do not use this space.

36259

1. PLACE OF DEATH

County Jackson
Township Law
City Kansas City (No. 1610 Kansas Ave)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 1665
St. _____ Ward _____

2. FULL NAME

Donald Underwood
(a) Residence. No. 1610 Kansas Ave St. 11 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) married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Grace Helen Underwood

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 13 - 1902

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
28 8 2

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpenter Hanger
(b) General nature of industry, business, or establishment in which employed (or employer) him self.
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Charles A Underwood

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

12. MAIDEN NAME OF MOTHER McCambridge

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

14. INFORMANT Grace Hazel Underwood
(Address) 1610 Kansas Ave

15. FILED 11/17 19 30 M. M. Corvive
REGISTRAR user

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 15 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1930, to Nov 15, 1930 that I last saw him alive on Nov 15 and that death occurred, on the date stated above, at 9:18 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
- 108
101 W
(duration) yrs. mos. ds. 6

CONTRIBUTORY (SECONDARY) 101 W
(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) R. L. St. Clair, M. D.

11/16 1930 (Address) 524 2 St. John
*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 DATE OF BURIAL 11/17

20. UNDERTAKER W. Carson

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.

