

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

Do not use this space.

39724

File No. 5304
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Raw Primary Registration District No. 1002
City Kansas City, Mo. No. General Hosp # 2 St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 1011-Charlotte St. _____ 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 <u>M</u>	4. COLOR OR RACE <u>aa</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>W</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>7</u> <u>1880</u> -		
7. AGE <u>50</u>	YEARS	MONTHS
		DAYS
		If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>cook.</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		

9. BIRTHPLACE (CITY OR TOWN) N. C.
(STATE OR COUNTRY)

10. NAME OF FATHER Siles Blaylock

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

12. MAIDEN NAME OF MOTHER Caroline Bryant

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

14. INFORMANT Record Clerk
(Address) General Hosp # 2

15. FILED 12/31, 19 30 M. M. Crowe
REGISTRAR use

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12 - 18 1930

17. I HEREBY CERTIFY, That I attended deceased from 8-21-
1930 to 12-18, 1930
that I last saw him alive on 12-18, 1930, and that death occurred, on the date stated above, at 9:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Malignant Tumor of Kidney
SIA
unknown (duration) _____ yrs. _____ mos. _____ ds.

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

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

1 DID AN OPERATION PRECEDE DEATH yes DATE OF 12-18-30

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) D. M. Miller, M. D.
17/19, 1930 (Address) Genl. Hosp. # 2

*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 Blue Ridge Cem DATE OF BURIAL 1-20-31

20. UNDERTAKER A. H. Moore ADDRESS 18208/18'

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.

