

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

Do not use this space.

1211

1. PLACE OF DEATH

County Jackson Registration District No. 393
 Township Thayer Primary Registration District No. 1952
 City Kansas City (No. St. Mary Hospital) St. _____ Ward _____

File No. _____
 Registered No. 102
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1314 East St. 2 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 Female 4. COLOR OR RACE White 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) Nov 8-1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
73 1 29

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Gardiner
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER James Justice

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

12. MAIDEN NAME OF MOTHER Elitha Justice

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

14. INFORMANT Mrs. J. J. Thresher
 (Address) 1732 Hanston ave

15. Jan 5, 1931 M. M. Cozine
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-3-31 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1930, to 1-3-31, 1931, and that I last saw him alive on 1-3-31, 1931, and that death occurred, on the date stated above, at 1 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hodgkins Disease

72.0
 (duration) 1 yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH not known

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
 (Signed) C. Hatch, M. D.

1-3 1931 (Address) Bell Memorial Hospital

*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 First Hill Cemetery DATE OF BURIAL Jan 6 1931

20. UNDERTAKER J. G. Thresher ADDRESS 2513 Walnut

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

B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Handwritten text, possibly a signature or date, located in the bottom right corner of the page.