

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

5918

1. PLACE OF DEATH

County.....JACKSON
Township.....KAT
City.....KNASAS CITY

Registration District No.....
Primary Registration District No.....
No. 706 1/2 INDEPENDENCE AVE.

File No.....
Registered No. 13674
St. Ward)

2. FULL NAME

ROBERT TORENCE, (ALIAS) JAMES HALL

(a) Residence. No. 706 1/2 INDEPENDENCE AVE. St. Ward.

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

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) FEB. 15 1856

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... huckster 15c
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)..... UNKNOWN (STATE OR COUNTRY) 31

10. NAME OF FATHER UNKNOWN

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

12. MAIDEN NAME OF MOTHER UNKNOWN

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

14. INFORMANT FRED MILLER (Address) 706 1/2 INDEPENDENCE AVE.

15. FILED 3/3 1931 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-24 1931

17. I HEREBY CERTIFY, that I attended deceased from 19....., to 19....., and that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Thrombosis myocardialis
128
1931 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Phlebotomy (duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Stanley J. Lee, M. D. 7/24 (1931) (Address) Republic Power

*State the DISEASE CAUSING DEATH, or in death 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 3-3 1931

20. UNDERTAKER Peter B. Kapeterna ADDRESS K.C.

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.

THIS IS A PERMANENT RECORD

