

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

Do not use this space.

10131

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City, Mo (No. 109 North Askew Avenue)

File No. _____
Registered No. 1405
St. _____ Ward _____

2. FULL NAME Charles George York

(a) Residence. No. 109 North Askew Avenue 9 Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 11 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
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF XXXXXXXX Mrs. Lizzie Pearl York		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov. 28th 1891</u>		
7. AGE About 39	YEARS 3	MONTHS 25
	DAYS 25	If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Presser 80 (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Tenn.

PARENTS	10. NAME OF FATHER Hilary York
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Tenn.</u>
	12. MAIDEN NAME OF MOTHER Mery Young
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Tenn.</u>

14. INFORMANT Mrs. Lizzie P. York
(109) North Askew Avenue

15. FILED 3/23 31 M. M. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3 - 23 1931
17. I HEREBY CERTIFY, That I attended deceased from 3 - 21 1931, to 3 - 23 1931 that I last saw him alive on 3 - 22 1931, and that death occurred, on the date stated above, at 4 22 1/2 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
23A
(duration) _____ yrs. 4 mos. _____ ds.
CONTRIBUTORY (SECONDARY) *Tuberculous Pneumonia*
(duration) _____ yrs. _____ mos. 2 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? *Physical Findings Autopsy*
(Signed) _____ M. D.
3/23 1931 (Address) 814 Prof Bldg

*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 Cmtery DATE OF BURIAL 3/25/31 19

20. UNDERTAKER Freeman Mortuary, K. C. Mo ADDRESS _____

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.

