

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

Do not use this space.

21446

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 916 Forest Ave (Belmore Apt. St. apt. 36)) Ward

2. FULL NAME

Harold P. Mott
 (a) Residence. No. 916 Forest Ave 2 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 5 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 7, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 8 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work War Department
 (b) General nature of industry, business, or establishment in which employed (or employer) (K.C. Mo) 1861
 (c) Name of employer 194

9. BIRTHPLACE (CITY OR TOWN) Atchinson
 (STATE OR COUNTRY) Kansas

10. NAME OF FATHER Fred A. Mott

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Potsdam
 (STATE OR COUNTRY) New York

12. MAIDEN NAME OF MOTHER Abbie Gremmell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Des Moines
 (STATE OR COUNTRY) Iowa

14. INFORMANT Mr. F. A. Mott
 (Address) 916 Forest Ave

15. FILED 6/10 31 M. M. Crowe REGISTRAR
Assn

3 MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) June 8 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 8th, 1931, to 6-8, 1931, that I last saw him alive on 6-7, 1931, and that death occurred, on the date stated above, at 2:20 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Fracture of Femur
Acc fall last January
 (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED? 1861
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) W E Corner, M. D.

June 9, 1931 (Address) 243 Argyle 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 Newcomer's Vaults DATE OF BURIAL June 11 1931

20. UNDERTAKER W. N. Newcomer's Sons ADDRESS K.C. Mo.

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.

2. ^{UND 24} *argyle* *g*

10:30 - 5-

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County..... Registration District No. 399
Township..... Primary Registration District No. 1002
City Kansas City (No. 916 Forest Ave. (Colomare Apt - Apt 26)) Ward

File No. 21446
Registered No. 2581

2. FULL NAME

Harold P. Mott
(a) Residence, No. 916 Forest Ave. St. 2 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 7/16 1931 M. M. Grove Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1931

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Fracture of femur
400 ft fall last January
7:30 pm in room at
916 Forest
Date of onset 5
Other contributory causes of importance:
fracture

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify W E Cramer, M. D.
(Signed) 407 Argyle Bldg 15th mo
(Address)

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

S-21446