

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

Do not use this space.

21580

1. PLACE OF DEATH

County Jackson
Township Kan
City Kansas City

Registration District No. 399

Primary Registration District No. 1003

File No. _____

Registered No. 2715

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Portland Hotel St. 1 Ward _____
(Usual place of abode) 555 Main

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-13-1903

7. AGE YEARS 28 MONTHS 1 DAYS 9 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 134
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) Unknown

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Record clerk Kansas City General Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Milan Mo DATE 6-23 1931

19. UNDERTAKER (ADDRESS) C. A. Schaefer Milan Mo

20. FILED 6/22 1931 M. M. Crowe asst Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-21-1931

22. I HEREBY CERTIFY, That I attended deceased from 5-30-1931, to 6-21-1931. I last saw him alive on 6-21-1931. Death is said to have occurred on the date stated above, at 12:35 a.m.

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

Labour Pneumonia
138
970/08
930
Other contributory causes of importance: Labromyocarditis mitral stenosis

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

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 _____

(Signed) P. B. Williams M. D.
Ken Hospital (Address)

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.

JAN 13 1953

JAN 8 1953