

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

Do not use this space.

25267

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. _____
Primary Registration District No. _____
(No. Research Hospital)

File No. _____
Registered No. 32008
St. _____ Ward _____

2. FULL NAME Richard Anthony Underwood

(a) Residence. No. 6156 Locust St., 9 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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) Jan 17 1927

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>4</u>	<u>6</u>	<u>11</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Child
(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) Missouri

10. NAME OF FATHER Stephen Underwood

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

12. MAIDEN NAME OF MOTHER Mary Frances Ahearn

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

14. INFORMANT Stephen A Underwood (Address) 6156 Locust

15. FILED 7/29/31 M. M. Corvino REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 28 1931

17. I HEREBY CERTIFY That I attended deceased from in 7/27, 1931, to 7/28, 1931, (that I last saw him alive on 7/27/31, 1931, and that death occurred, on the date stated above, at a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Basal Skull fracture (head injury)
Chest Injury (fract Ribs)
Automobile road mation
Pedestrian - K. G. Mo (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 210M (duration) yrs. mos. da.

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

19. HAD AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) J. Montgomery, M. D.
(Address) Professor City

*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 St. Marys' Cemetery DATE OF BURIAL 7/29/31

20. UNDERTAKER Quirk & Tobin--20 W Linwood 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.

WHITE PRINTING WITH UNFADING INK--THIS IS A PERMANENT RECORD

