

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

Do not use this space.  
**28265**

File No. **3293**  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Jackson Registration District No. 300  
Township Kaw Primary Registration District No. \_\_\_\_\_  
City Kansas City (No. 244 Flora St.) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 2411 Flora St. 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 5 1931

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

17. I HEREBY CERTIFY, That I attended deceased from July 24, 1931, to Aug 5, 1931 that I last saw h. alive on Aug 5, 1931, and that death occurred, on the date stated above, at 7:30 P. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 27-1914

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS Days IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
17 11 8

Tubercular peritonitis

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. School Boy  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

23 (duration) \_\_\_\_\_ yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Tuberculosis (pulmonary) (duration) \_\_\_\_\_ yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH. Don't know

10. NAME OF FATHER Henry Bean

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

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

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) G. W. Stovall, M.D.

12. MAIDEN NAME OF MOTHER Wilotic Watson  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ork. (STATE OR COUNTRY)

8-8, 1931 (Address) 404 Westover 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.

14. INFORMANT Wilotic Bean  
(Address) 2411 Flora Ave.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Highland Cemetery DATE OF BURIAL Aug 10 1931

15. FILED 88-31 M. M. Crovie REGISTRAR  
ad.

20. UNDERTAKER West, Appleton & Jones ADDRESS 1600 E. 19th

Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Every item of information should be carefully supplied.

