

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

Do not use this space.

31274

1. PLACE OF DEATH

County Jackson
Township Franklin
City Kansas City (No. 1704 Howard)

Registration District No. 399
Primary Registration District No. 1002

File No. 3771
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1704 Howard 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

| | | |
|--|--|---|
| 3. SEX <u>m.</u> | 4. COLOR OR RACE <u>colored</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sorella Hopkins</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unk. 1880.</u> | | |
| 7. AGE | YEARS <u>51</u> | 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. <u>Hod. Carrier</u> | |
| | 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)
Unk.

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
Sorella Hopkins
(ADDRESS) 1704 Howard

18. BURIAL, CREMATION, OR REMOVAL
PLACE Brookfield Mo DATE 9-12-31

19. UNDERTAKER
Hatter's Bone Wash Co.
(ADDRESS) 1729 1/2

20. FILED
9/17/31 Dr. M. Crane
Regist. asst.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1931, to Sept. 7, 1931.
I last saw him alive on Sept. 7, 1931. Death is said to have occurred on the date stated above, at 12:15 a.m.

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

Acute dilation of heart
110
9.50 112
Other contributory causes of importance:
Bronchial asthma

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? no
If so, specify _____
(Signed) G. W. Howell M. D.
(Address) 404 Westover Bldg.

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.

Stowell.