

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

Do not use this space.

37676

1. PLACE OF DEATH

County Jackson Registration District No.
Township Jackson Primary Registration District No.
City Kansas City (No. 1722 Kansas) St. Ward)

File No.
Registered No. 4542
St. Ward)

2. FULL NAME

(a) Residence, No. 1722 Kansas St. 11 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 M. 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unk. 1893

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
38

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butler
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) Kansas

MOTHER FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Teale Jones 1722 Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Ont. Corralis DATE 11-17-1931

19. UNDERTAKER (ADDRESS) Stalking Bros Unk CO 1729 Lydia

20. FILED 1/2 1931 M.M. Corone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-10-1931

I HEREBY CERTIFY, That I attended deceased from May 31, 1931, to Nov 10, 1931
I last saw him alive on Nov 10, 1931 Death is said to have occurred on the date stated above, at 7:00 a.m.

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

Pulmonary tuberculosis Date of onset 23 (31)

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

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

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify Ed Sherman M. D.
(Signed) (Address) 1107 E 47 Kc 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.

WRITE PLAINLY, WITH UNFADING INK, IN THIS SPACE

© A Sherman. 1102 E 47th.