

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

Do not use this space.

40911

1. PLACE OF DEATH  
 County Jackson Registration District No. 88  
 Township Washington Primary Registration District No. 700  
 City Kansas City (No. 421 West 68th) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME ROBERT KENNETH TORRANCE  
 (a) Residence, No. 421 West 68th St. 8 Ward \_\_\_\_\_  
 (Usual place of abode)  
 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**

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Single</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Single</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Oct. 8, 1907</b>		
7. AGE	YEARS <b>24</b>	MONTHS <b>12</b>
	DAYS <b>28</b>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Insurance</b>	
	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) <b>Kansas City Missouri</b>		
FATHER	13. NAME <b>J. H. Torrance</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Kansas</b>	
MOTHER	15. MAIDEN NAME <b>Kathleen Grant</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Kansas</b>	
	17. INFORMANT (ADDRESS) <u>J. H. Torrance</u> <u>421 West 68th St</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Hill Cem</u> DATE <u>12-7-31</u>	
	19. UNDERTAKER (ADDRESS) <u>Stuart McOliver</u> <u>3235 Millhouse Place</u>	
	20. FILED <u>12-8-31</u> <u>M. M. Brown</u> Registrar.	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-8-31, 1931

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
accidental automobile  
fracture of skull  
210M 2/10  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Car turned over the man  
riding in

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 12-6-31  
 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) Harley M. Hase, M. D.  
 (Address) Leggett

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.

