

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

Do not use this space.

41086

1. PLACE OF DEATH

County Jackson
Township Rau
City Kansas City (No. Central Hosp # 2)

Registration District No. 388
Primary Registration District No. 3002

File No. 5074
Registered No. 5074
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 14018.13 St. 2 Ward.

(Usual place of abode)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 19, 1907

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>24</u>	<u>3</u>	<u>4</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Wichita, Kansas

FATHER 13. NAME Harry Tallant

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Rand

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Lawn DATE Dec 17-29-31

19. UNDERTAKER (ADDRESS) Flynn & Greenstreet
KC Mo

20. FILED 12/28 31 AM 1931 M. M. Brown Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 18 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1931, to Dec. 17, 1931
I last saw him/her alive on Dec. 17, 1931. Death is said to have occurred on the date stated above, at 1:50 A.M.

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

122B Toxemia
122B Internal obstruction
123B
69B 12/18/31
Other contributory causes of importance: Post-operative adhesion

Name of operation Obturator Date of Dec. 17, 1931
What test confirmed diagnosis? Chest x-ray Was there an autopsy? No

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?
If so, specify Per Dr. Robert H. Brown, M.D.
(Signed) _____ (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 BOARDING INK—THIS IS A PERMANENT RECORD

