

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

Do not use this space.

41226

1. PLACE OF DEATH

County Jackson

Registration District No. 385

Township Tray

Primary Registration District No. 1002

City Kansas City

(No. Sen. Hosp #2)

File No. 5218

Registered No. 5218

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. 1714 E 17th

(Usual place of abode)

St. 4

Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

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 Ada Hill?

* 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE

YEARS 63

MONTHS _____

DAYS _____

If LESS than 1 day,hrs. ormin.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

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) Missouri

FATHER 13. NAME J. Jones

MOTHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Harriet Cook

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

17. INFORMANT (ADDRESS) Clerk Sen. Hosp. #2

18. BURIAL, CREMATION, OR REMOVAL

PLACE Crem. no. DATE 1-26-1931

19. UNDERTAKER (ADDRESS) J. B. Moore

20. FILED 1/31 1931

M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 12-21 1931 to 12-31 1931

I last saw h. 23 alive on 12-31 1931. Death is said to have occurred on the date stated above, at 11-45 p. m.

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

Acute Bronchopneumonia Date of onset _____

Other contributory causes of importance: Inguinal adenitis

Name of operation _____ Date of _____

What test confirmed diagnosis? Sal. 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 _____

(Signed) D. M. Miller, M. D.

(Address) Sen. Hosp. #2

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.

MAY 20 1949