

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

Do not use this space.

988

1. PLACE OF DEATH

County Jackson Registration District No. 309
 Township Raw Primary Registration District No. 1003
 City Kansas City (No. 3625, Wabash) St. _____ Ward _____

File No. _____
 Registered No. 26

2. FULL NAME

(a) Residence, No. 3319 Forest Ave., 13 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

3. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 4, 1932

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

22. I HEREBY CERTIFY That I attended deceased from Sept. 1, 1931, to Jan 4th, 1932
 I last saw him alive on Jan 4th, 1932. Death is said to have occurred on the date stated above, at 1:10 P.M.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 28 - 1870
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 11 7

General Carcinomatosis Date of onset 1927

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 8 years
 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 _____

510
536 510
 Other contributory causes of importance:
Cancer prostate gland 1927

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee 2

Name of operation None Date of _____
 What test confirmed diagnosis? X-rays Was there an autopsy? yes

FATHER
 13. NAME Anderson Fuller
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

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.

MOTHER
 15. MAIDEN NAME Julia Darnell
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

Manner of injury ✓
 Nature of injury 3

17. INFORMANT Mrs. C. A. Penny
 (ADDRESS) 3625 Wabash
 18. BURIAL, CREMATION, OR REMOVAL PLACE Edmwood DATE January 5, 1932

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify no

19. UNDERTAKER D. W. Newcomer's Home
 (ADDRESS) 211 E. 9th St.

(Signed) J. W. Darnell, M. D.
 (Address) 406 Wirthman Bldg

20. FILED Jan 5, 1932 M. M. Crowe Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause of death is very important.

