

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Law
City K.S. Dr. (No. Mercy Hosp)

Registration District No. 399
Primary Registration District No. 1002

File No. 1042
Registered No. 80
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. W 999 Staff Kansas St Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 8 mos How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-2-32
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief 11300
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 107A
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Flagstaff Kans. 2

FATHER 13. NAME Warren Hurley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. 31

MOTHER 15. MAIDEN NAME Mt.

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

17. INFORMANT (ADDRESS) Family Physician W 999 Staff Kans

18. BURIAL, CREMATION, OR REMOVAL PLACE W 999 Staff DATE 1-10-32

19. UNDERTAKER (ADDRESS) W W Comer Sons 211 E 9th Street

20. FILED Jan 10 1932 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/10/32

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1932, to Jan 10, 1932

I last saw h. e. alive on 1-10-32, 1932 Death is said to have occurred on the date stated above, at 1:45 p.m.

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

Intracranial Hemorrhage resulting from birth injury. Instrumental Delivery

Date of onset 1-2-32

Other contributory causes of importance: Pneumonia 1-10-32

Name of operation 1600 Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1932

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 1

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) G. H. Campbell M.D. M. D.
(Address) 1710 Independence Ave. Mo

