

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

Do not use this space.

1059

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. \_\_\_\_\_  
 Township Kaw Primary Registration District No. 1003 Registered No. 97  
 City Kansas City (No. 12 C General Hosp) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

William B Raney  
 (a) Residence, No. 1308 Washington St. Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-11 1932

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

22. I HEREBY CERTIFY, That I attended deceased from 1-3 1932 to 1-11 1932

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7 1897

I last saw him alive on 1-11 1932 Death is said to have occurred on the date stated above, at 12:50 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
74 10 4

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

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 \_\_\_\_\_

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

Hypertrophy of Prostate  
137  
112 137  
 Other contributory causes of importance:  
Sensility

13. NAME John Raney

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Rec'd a Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Joplin, Mo. DATE 1-13 1932

19. UNDERTAKER P. B. Lapetina

20. FILED Jan 11 1932 M. M. Crowe Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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 P. B. Wellcamp M. D.

(Signed) \_\_\_\_\_ (Address) Sup't 12 C Gen Hosp Kansas

CAUSE OF DEATH IN PLAIN LANGUAGE TO BE WRITTEN IN PLAIN LANGUAGE IN SPACES PROVIDED

