

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

Do not use this space.

1065

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
 Township Frank Primary Registration District No. \_\_\_\_\_  
 City Kansas City (No. R.C. General Hosp) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 103  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 414 Main St., \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 54 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 White 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) Feb. 12-1873  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
58 | 11 | 0 | \_\_\_\_\_  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237  
 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) Mo 1  
 13. NAME John Deming  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 2  
 15. MAIDEN NAME Mary Canell  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Conn

17. INFORMANT Reverend Clerk  
 (ADDRESS) R.C. Gen. Hosp Kansas City Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. John's - R.C. Hosp DATE January 14, 1932  
 19. UNDERTAKER R. W. Williams  
 (ADDRESS) Kansas City Mo  
 20. FILED Jan 17 1932 M. H. Brown Registrar.

**MEDICAL CERTIFICATE OF DEATH**

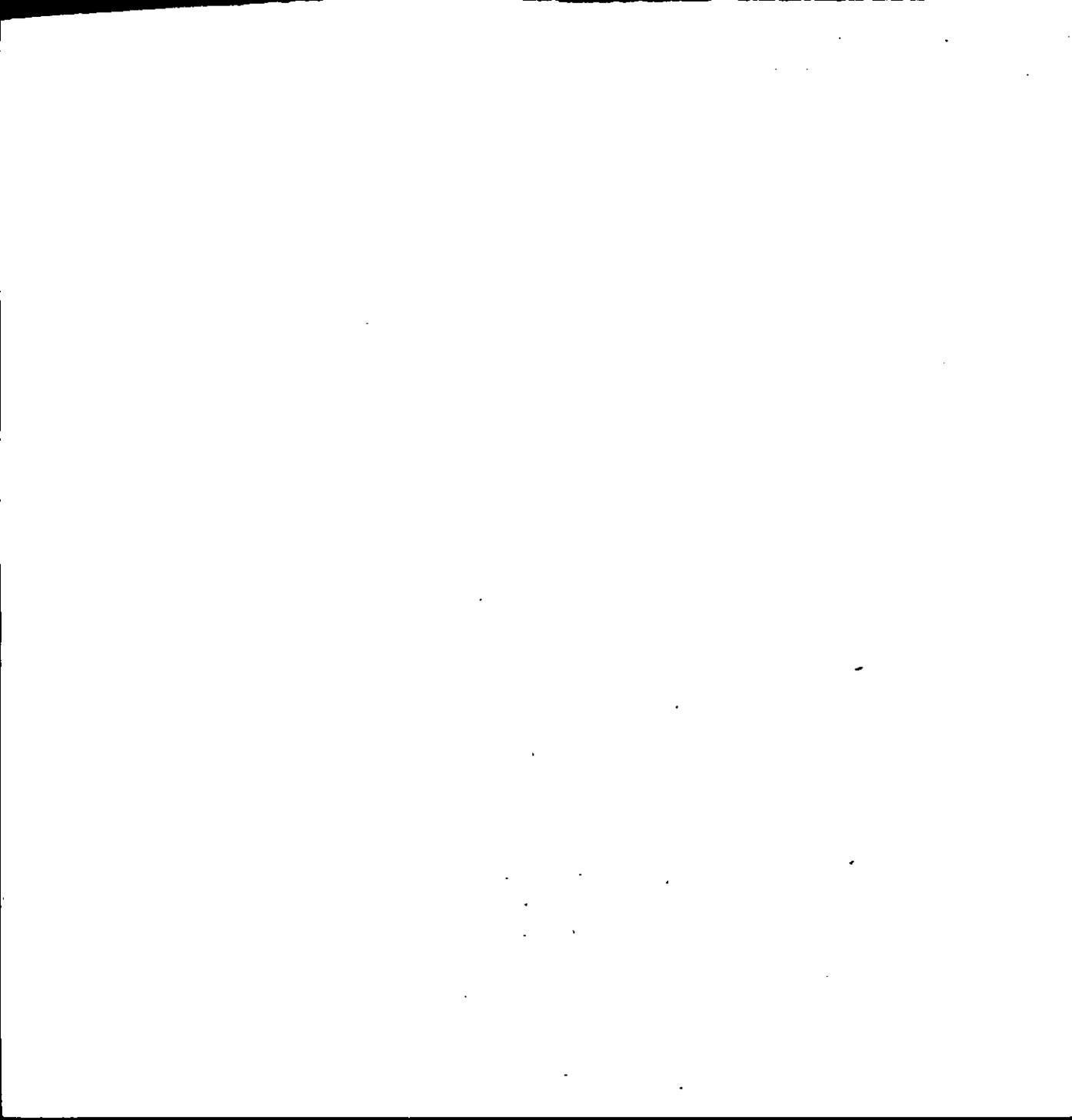
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-12 1932  
 22. I HEREBY CERTIFY, That I attended deceased from 1-11 1932 to 1-12 1932  
 I last saw him alive on 1-12 1932 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:  
Chronic myocarditis Date of onset \_\_\_\_\_  
93c  
 Other contributory causes of importance: \_\_\_\_\_

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis Autopsy Was there an autopsy? Yes

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) P. B. Williams M. D.  
 (Address) Sub R.C. Gen. Hosp Kansas City Mo



**MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County..... Registration District No. 349  
 Township..... Primary Registration District No. 1002  
 City X. City (No. ....) St. .... Ward)

File No. ....  
 Registered No. 103

**2. FULL NAME**

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

Length of residence in city or town where death occurred 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12, 1932

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

22. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 12, 1873

to ..... 19.....

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
58 1 -

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at.....m.

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.  
 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

Other contributory causes of importance:

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

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

13. NAME

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.

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

Manner of injury.....

Nature of injury.....

15. MAIDEN NAME

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

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

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

17. INFORMANT (ADDRESS)

(Address).....

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED Jan 12, 32 M. M. Cronin Registrar

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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