

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 3
 Township Haw Primary Registration District No. 3
 City Kansas City (No. Baltimore Hotel)

File No. 1119
 Registered No. 110
 St. _____ Ward _____

2. FULL NAME

Eugene O. Stuck
 (a) Residence, No. 2943 Main St., 3 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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) <u>Mrs. Jane Stuck</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 10, 1902</u>		
7. AGE	YEARS	MONTHS
	<u>29</u>	<u>10</u>
		DAYS
		<u>4</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Employee - K. C.</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Window Cleaning Co.</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
		<u>25</u>
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pittsburgh Pennsylvania</u>	
	13. NAME <u>James Stuck</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>Mrs. Jane Stuck</u> (ADDRESS) <u>2943 Main St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Trenton, Mo.</u> DATE <u>Jan 17, 1932</u>		
19. UNDERTAKER <u>W. H. Newcomer's Sons</u> (ADDRESS) <u>Kansas City, Missouri</u>		
20. FILED <u>Jan 15 1932</u> <u>M. M. Cronin</u> <u>Asst. Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

2
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17, 1932
 22. I HEREBY certify That I attended deceased from _____, 19____
 I last saw him _____ 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:
Accidental Multiple
fracture R. Hip
1860
1943/860
 Date of onset 155
 Other contributory causes of importance:
Fell from building while
washing windows
 Name of operation _____ 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 _____, 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) Stanley M. Place, M. D.
 (Address) Deputy Coroner

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

