

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

Do not use this space.

1124

1. PLACE OF DEATH

County Jackson
Township Kaw
City Harrison City (No. 5816 East 13th St)

Registration District No. 303
Primary Registration District No. 1102

File No. _____
Registered No. 162
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 2516 Harrison St., _____ Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min. Guess. 75

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. Unknown (b) General nature of industry, business, or establishment in which employed (or employer). _____ (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Virginia 2

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Unknown 31

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Unknown

14. INFORMANT Dr James T. Kenney (Address) P. O. No.

15. FILED Jan 16 32 M. M. Cerove Assr REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2 Thursday
16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 14 1932

17. HEREBY CERTIFY, That I attended deceased from Jan 3 1932 to Jan 14 1932 that I last saw him alive on Jan 13 1932 and that death occurred, on the date stated above, at 912th St.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
uraemia
131
1327/31
(duration) yrs. mos. 2¹/₂ ds.
CONTRIBUTORY nephritis - Chronic (SECONDARY) Indefinite
(duration) yrs. mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. Kans City - Mo -

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physicall & -
(Signed) M. G. Willet M. D.

(Address) 990 Argyle Blvd
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE, (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill DATE OF BURIAL Jan 16 1932

20. UNDERTAKER Cybal Funeral Home ADDRESS 1800 Denver

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.

