

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

Do not use this space.

1143

1. PLACE OF DEATH

County Jackson Registration District No. 385
Township Two Primary Registration District No. 110
City Kansas City (No. General Hospital)

File No. 181
Registered No. 181
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1330 Webster St., X Ward. Kansas City, Kans.
(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>Effie White</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 4th 1963</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>5</u>
	DAYS <u>10</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>Interior Dep.</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Decorator</u>	
	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) <u>Bluffton, Indiana</u>		
FATHER	13. NAME <u>William White</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Charlotte Sturges</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT (ADDRESS) <u>Mrs Effie White</u> <u>1330 Webster</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park - KCK</u> DATE <u>1-18</u> 19 <u>64</u>		
19. UNDERTAKER (ADDRESS) <u>Fairweather - Werner</u> <u>Kansas City, Kansas</u>		
20. FILED <u>Jan 17</u> 19 <u>64</u> <u>M. D. Crowe</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14 1964

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 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 carbon monoxide Date of onset
multiple injuries
310 (B)

Other contributory causes of importance:
Reduction in level
collected with 20'
another level

Name of operation _____ Date of _____
What test confirmed diagnosis _____ Was there an autopsy? no

23. If death was due to external causes (violence), all in also the following:
Accident, suicide, or homicide yes Date of injury Jan 4, 1964
Where did injury occur interior of apartment (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. interior of apartment

Manner of injury unintentional
Nature of injury broken neck

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Henry Corlough M. D.
(Address) Perener

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

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.

