

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.

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

Do not use this space.

1230

## 1. PLACE OF DEATH

County Co. Jackson Co.Registration District No. 399Township RawPrimary Registration District No. 1002City X of Mt. Mercy Hospital(No. 1)

File No.

Registered No. 268

St.

Ward)

## 2. FULL NAME

(a) Residence, No. 1025

(Usual place of abode)

St. 1

Ward.

(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 M 4. COLOR OR RACE W 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) 12-24-19267. AGE YEARS 5 MONTHS 0 DAYS 25 IF LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Kenno, 1  
(STATE OR COUNTRY)

FATHER

13. NAME John Stone14. BIRTHPLACE (CITY OR TOWN) Arkansas 2  
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Patsy Harrison16. BIRTHPLACE (CITY OR TOWN) Arkansas  
(STATE OR COUNTRY)17. INFORMANT Dr. William M. Patsy Stone  
(ADDRESS) 1725 Jefferson St. 126 Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Forest Hill DATE 1-23 193219. UNDERTAKER Mrs. C. L. Foster  
(ADDRESS) 918 Brookman Ave.20. FILED Jan 22 1932 M. M. Cronin  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 21, 193222. I HEREBY CERTIFY That I attended deceased from 11-22-31, 1931, to 1-21-32, 1932I last saw h. im alive on 1-21, 1932. Death is saidto have occurred on the date stated above, at 7:00 pm.

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

Tubercular pneumonia

Date of onset

23A71B 23

Other contributory causes of importance:

Secondary anemia

Name of operation

Date of

What test confirmed diagnosis? Patsy Harrison 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

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) G. K. Campbell M. D.(Address) 1710 Dupuy Ave. Kenno

