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

Do not use this space.

File No. 1273

Registered No.

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: Kansas City (No. General Hospital #2 St. Ward)
Registration District No. 389
Primary Registration District No. 1002

2. FULL NAME: Clarence Daniels
(a) Residence. No. Clement City, Mo St., X Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 22 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: Colored
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): June 1 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
L	42	7	15	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Okla. 2

PARENTS
10. NAME OF FATHER: William Daniels
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ala.
12. MAIDEN NAME OF MOTHER: Maud Rich
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): ? Unknown 2

14. INFORMANT: Record Clerk
(Address): Gen. Hosp. No 2.

15. FILED Jan 26 1932 M. M. Crane REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 16 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1932, to Jan. 16, 1932 that I last saw h. alive on Jan. 16, 1932, and that death occurred, on the date stated above, at 2:35 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
2.3 B
2.5
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Intestinal Tuberculosis Ulceration (duration) ? yrs. ? mos. ? ds. 3

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) D. M. Miller, M. D.
1/17, 1932 (Address) Gen. Hosp. no. 2.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Leeds Cemetery — DATE OF BURIAL: Jan 27 1932
20. UNDERTAKER: Watt Appleton & Jones — ADDRESS: 1600 E 19th

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.