

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

Do not use this space.

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1. PLACE OF DEATH

County Jackson
Township New
City Kansas City (No. General Hospital # 2)

Registration District No. 399
Primary Registration District No. 1003

File No. _____
Registered No. _____
Ward _____

2. FULL NAME

(a) Residence, No. 12th & Passes St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 3 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 col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF none

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) work 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
About 35 - - -

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor 236

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dance Hall

10. Date deceased last worked at this occupation (month and year) 1-17-32 11. Total time (years) spent in this occupation 1 yr 31

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Council Office Jackson County

18. BURIAL, CREMATION, OR REMOVAL PLACE Willedville Mo DATE 2-13-1932

19. UNDERTAKER (ADDRESS) DeKins Bros. 12th St. 2000 E. 12th St.

20. FILED 2/13/1932 M. M. Crome asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-17-32

22. I HEREBY CERTIFY, That I attended deceased from _____, 1932 to _____, 1932

I last saw him live on _____, 1932 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:

Homicide Firearms Date of onset _____

Shot by Police

Other contributory causes of importance:

173 and 173

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 _____, 1932

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) Deputy Coroner M. D.

(Address) Deputy Coroner

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.

