

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

Do not use this space.

4802

1. PLACE OF DEATH

County Jackson
Township Law
City Kansas City (No. 2801 Harrison)

Registration District No. 99
Primary Registration District No. 1002

File No. 665
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2801 Harrison St. 4th Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED (husband of (or) wife of) Mrs. Laura L. Hill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 17-1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
73 0 0

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

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

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) Ohio

MOTHER 13. NAME John F. Hill

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

15. MAIDEN NAME Elizabeth J. Goldtrap

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

17. INFORMANT Mrs. Laura L. Hill

(ADDRESS) 2801 Harrison St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Mansel Mausoleum DATE Feb 19 1932

19. UNDERTAKER D. H. Newcomer, Sons

(ADDRESS) 211 East 9th St.

20. FILED 2/18 1932 M. M. Crowe Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 12th, 1932, to Feb 16th, 1932

I last saw him alive on Feb 16th, 1932 Death is said to have occurred on the date stated above, at 7:15 A. m.

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

Pulmonary Oedema Date of onset _____
97 1113

Other contributory causes of importance: Coronary Arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis: Impression Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

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? No

If so, specify _____

(Signed) Frank J. Cook M. D.

(Address) 330 Baltimore Ave

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.

704 Power + Light Bldg
106 W est 14th St
11-1