

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

Do not use this space.

8474

1055

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 3229)

Registration District No. 399
Primary Registration District No. 1002

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

2. FULL NAME

(a) Residence, No. 3229 Central St., _____ 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 5 1881</u>		
7. AGE YEARS <u>About 50</u>	MONTHS <u>9</u>	DAYS <u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Cafe business</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>246</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>Missouri 1</u>		
13. NAME <u>J. L. Jellison</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio 2</u>		
15. MAIDEN NAME <u>Nannah Covert</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pa.</u>		
17. INFORMANT <u>J. M. Adams</u> (ADDRESS) <u>3229 Central St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Boonville Mo.</u> DATE <u>3/15/32</u>		
19. UNDERTAKER <u>Stine & McClure</u> (ADDRESS) <u>1501 N. 1st St.</u>		
20. FILED <u>3/13</u> 19 <u>32</u> <u>M. M. Brown</u> <u>Asst. Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/13 1932

22. I HEREBY CERTIFY That I attended deceased from Nov. 1931 to March 13 1932

I last saw him alive on March 13 1932 Death is said to have occurred on the date stated above, at 12:10 PM.

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

Carcinoma of neck + Chem
(Primary Cervical Glands)

Other contributory causes of importance:
536 (1)

Name of operation _____ Date of _____

What test confirmed diagnosis Thy. Exam Was there an autopsy No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) J. M. Adams M. D.
(Address) 907 Waldheim Bldg

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.

Dr. J. J. ...

3618 ...