

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.

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

Do not use this space.

8804

1. PLACE OF DEATH

County Jackson Registration District No. 389
Township Race Primary Registration District No. 1002
City Kansas City (No. General Hosp.) St. _____ Ward _____

File No. _____
Registered No. 1561

2. FULL NAME

La Vern Hines
(a) Residence, No. 1228 W 23rd St. 3 Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
21

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Missouri

FATHER 13. NAME Not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

MOTHER 15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT Frank Hines
(ADDRESS) City

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Hill DATE 4-13-32

19. UNDERTAKER J. P. Lewis
(ADDRESS) City

20. FILED 4/13 3231 M. Crowe
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12:10 pm to 1:00 pm, 1932
I last saw him alive on _____, 1932. Death is said to have occurred on the date stated above, at 2:10 pm.
The principal cause of death and related causes of importance were as follows:

Septicemia
1561
1943
3/18/32
Date of onset 15C

Other contributory causes of importance:
fracture of jaw face of mandible
coronary thrombosis

Name of operation _____ Date of _____
What test confirmed diagnosis? chest x-ray 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) Stanley M. Allen M. D.
(Address) 1561

