

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

Do not use this space.

12592

1. PLACE OF DEATH

County Jackson

Registration District No. 300

File No. _____

Township Franklin

Primary Registration District No. 1000

Registered No. 1528

City Kansas City (No. Great Hoop #2)

St. _____ Ward _____

2. FULL NAME

Alice Garner

(a) Residence, No. 1335 Vine

St. 2 Ward _____

(If nonresident, give city or town and State)

(Usual place of abode)

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 M

4. COLOR OR RACE Col.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 17, 1882

7. AGE

YEARS 50

MONTHS 2

DAYS 20

If LESS than 1 day, _____hra. or _____min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 231

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) Kansas

MOTHER FATHER

13. NAME William Marshall

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

15. MAIDEN NAME Cecilia Blackburn

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

17. INFORMANT Cecilia Marshall

(ADDRESS) 1335 Vine

18. BURIAL, CREMATION, OR REMOVAL

PLACE Highland DATE 4/11 1932

19. UNDERTAKER Watkins Bros. Undert. Co.

(ADDRESS) 1729 Lydia

20. FILED 4-17-32 1932 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-7-32

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

I last saw him Phely Crowe, 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:

Accidental Burn Date of onset _____

Other contributory causes of importance:

Name of operation _____

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) Phely Crowe, M. D.

(Address) Phely Crowe

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.

