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

Do not use this space.

16053

File No. .....

Registered No. 1841

1. PLACE OF DEATH

County Jackson ..... Registration District No. 2 2 3

Township Kaw ..... Primary Registration District No. .....

City Kansas City ..... (No. 2342 Madison ..... St. ..... Ward)

2. FULL NAME Joseph W. Tiffany

(a) Residence, No. 2342 Madison ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 31, 1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	54	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 2y

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) May 2, 1932

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) Emporia 2.
(STATE OR COUNTRY) Kansas

FATHER

13. NAME George Tiffany

14. BIRTHPLACE (CITY OR TOWN) New York City
(STATE OR COUNTRY) New York

MOTHER

15. MAIDEN NAME Helen Josephine Barry

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ill.

17. INFORMANT Mrs. May Mounce
(ADDRESS) 2122 Montgall, K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL Cremation Removal
PLACE ..... DATE May 4th 1932

19. UNDERTAKER J. P. Louis Funeral Home
(ADDRESS) 3400 Woodland Ave. K.C. Mo.

20. FILED May 4 1932 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

1

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

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 to ..... 19.....

I last saw h..... alive on ..... 19..... 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:

Cystitis

Other contributory causes of importance: 7 8

Date of onset

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy 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 ..... 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? .....

If so, specify .....

(Signed) Stanley B. Kelly, 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.