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

399

Do not use this space.

16203

1. PLACE OF DEATH
County Jackson — Registration District No. 1002 — File No. 1996
Township Kaw — Primary Registration District No. — Registered No.
City Kansas City (No. General Hospital #2 St. 4 Ward)

2. FULL NAME James Mack
(a) Residence, No. 2432 Olive St., ~~4~~ 11 Ward.
(Usual place of abode) (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: Male
4. COLOR OR RACE: Black
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~XXXXXX~~ Ann Mack

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

7. AGE: YEARS 50 — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 36
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) Columbia Mo

FATHER
13. NAME Chas. Mack
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 28

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " 31

17. INFORMANT (ADDRESS) Mrs. Ann Mack 2432 Olive St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Columbia Mo DATE May 17" 1932

19. UNDERTAKER (ADDRESS) C. M. Countee & Son 1606 E. 18" St.

20. FILED 5/17 1932 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19..., 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:

Date of onset

Accidental - Automobile Traumatism
210M

Other contributory causes of importance: ~~8~~ 7

Name of operation Inspection Date of
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? Accident Date of injury 5/17, 1932
Where did injury occur? 22 & Vin KC. Jackson co. mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Street
Manner of injury Automobile Accident
Nature of injury Causes Fractures Pleg

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. Turner, M. D.
(Address) Deputy Coroner