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.
19559

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1003
City Kansas City (No. Gen. Hosp #2 St. Ward)

File No. 2368
Registered No.

2. FULL NAME James Lee Avery
(a) Residence, No. 39th & Oakley St., 4 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 13 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-18-1919

7. AGE: YEARS 12 | MONTHS ~~10~~ 11 | DAYS 23. | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo

FATHER
13. NAME James Lee Avery
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Okla

MOTHER
15. MAIDEN NAME Eunice McGowan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

17. INFORMANT (ADDRESS) Record Clerk Gen Hosp #2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Hill DATE 6/14 1932

19. UNDERTAKER (ADDRESS) Watkins Bros Undt Co 1729 Lydia

20. FILED 6/14 1932 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-11-1932

22. I HEREBY CERTIFY, That I attended deceased from 5-29-1932 to 6-11-1932
I last saw him alive on 6-11-1932 Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Tuberculosis
24A meningitis

Other contributory causes of importance:

(1) 2

8

Name of operation Lab Clinic & Autopsy Date of
What test confirmed diagnosis? Was there an autopsy? yes

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) D. M. Miller, M. D.
(Address) Gen Hosp #2