

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kaw
City K. C. Mo. (No. Sen. Hoop)

Registration District No. 399
Primary Registration District No. 1002

File No. 19576
Registered No. 2005
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3614 Anita St. _____ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elda Mae Champ

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 12-1908

7. AGE YEARS 23 MONTHS 9 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

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

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

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) Red Oak 2
Okla

13. NAME Henry Champ

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield 1
Miss

15. MAIDEN NAME Pearl Kamler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss 2

17. INFORMANT Mrs Pearl Chagnie

(ADDRESS) 3614 Anita

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE June 16, 32

19. UNDERTAKER Rose & Shadler

(ADDRESS) 4139 E 13 Ave

20. FILED 6/15 1932 M. M. Crome Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/14 1932

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

I last saw him 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:

Accidental Automobile Traumatism
2107 K. C. Mo
Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ 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? _____ Date of injury 6/13 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 Automobile

Nature of injury Skull

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Walter H. Hall M. D.

(Address) 2107 K. C. Mo

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.

