

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

Do not use this space.

19793

1. PLACE OF DEATH

County Garrison Registration District No. _____
 Township Gran Primary Registration District No. _____
 City Kansas City (No. 42 C General Hosp) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

(a) Residence, No. 325 W. 11th St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 2, 1871</u>		
7. AGE	YEARS <u>60</u>	MONTHS <u>7</u>
	DAYS <u>27</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Cook 231</u>	
	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) <u>Ill</u> <u>2</u>		
FATHER	13. NAME <u>C. C. Cooper</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>	
MOTHER	15. MAIDEN NAME <u>Genie McDonald</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>	
17. INFORMANT <u>Reverend Clark</u> (ADDRESS) <u>12 C Gen Hospital</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maple Hill</u> DATE <u>7-2</u> 19 <u>32</u>		
19. UNDERTAKER <u>Peter B. Papetisa</u> (ADDRESS)		
20. FILED <u>7/2</u> 19 <u>32</u> <u>M. M. Crowe</u> <u>Asst</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-29 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-25 1932 to 6-29 1932
 I last saw him alive on 6-29 1932 Death is said to have occurred on the date stated above, at 10:55 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
936
 Other contributory causes of importance: 1
 Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? hu

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 AB Williams M. D.
 (Signed) _____ (Address) Supt K C Gen Hospital
6-29-32

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.

