

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

Do not use this space.

19805

1. PLACE OF DEATH

County Jackson Registration District No. 309
Township Yean Primary Registration District No. 1000
City Kansas City (No. 1000)

File No. _____
Registered No. 21003
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Tipton St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30, 1960

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 | 1 | 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) New York

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Debra Clark
(ADDRESS) K. C. Gen. Hosp. Tech

18. BURIAL, CREMATION, OR REMOVAL
PLACE Deeds DATE 7-6-82

19. UNDERTAKER Peter B. Pipetina
(ADDRESS) _____

20. FILED 7/6 1982 M. M. Crowe
Regist. _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-24 1982

22. I HEREBY CERTIFY, That I attended deceased from 6-15 1982 to 6-24 1982
I last saw him alive on 6-24 1982 Death is said to have occurred on the date stated above, at 4:45 P.M.
The principal cause of death and related causes of importance were as follows:

Branchiectasis
106E
1320
106B
Other contributory causes of importance: Nemia
Date of onset _____
Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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 PEW
(Signed) PEW M. D.
(Address) Supr. K. C. Gen. Hosp. Tech

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.

