

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

Do not use this space.

22893

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
 Township Kanaw Primary Registration District No. 10-2 Registered No. 2805
 City Kansas City (No. Kansas City Gen Hospital #2 St. male medicine Ward)

2. FULL NAME

Staff, Thomas
 (a) Residence, No. 423 Campbell St. male medicine Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. 51 mos. 3 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) April 1-1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 3 15

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saban #37

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) Kentucky

13. NAME Staff, George

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

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Recd Clerk Gen. Hospital #2 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Liberty Mo. PLACE DATE 7-19-32

19. UNDERTAKER Thom + Greenstreet (ADDRESS) 1819 E. 15th St. KC Mo.

20. FILED July 15 1932 M.M. Crowe Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16 1932

22. I HEREBY CERTIFY, That I attended deceased from May 13 1932 to July 16 1932
 I last saw him alive on July 16 1932. Death is said to have occurred on the date stated above, at 10:35 am.
 The principal cause of death and related causes of importance were as follows:

(1) myocardial incompetency
 (2) Decompensation
 (3) Aortic Incompetency
 (4) Suetic Aortitis
 (5) mitral Incompetency

Other contributory causes of importance: (1) Aortic Incompetency
 (4) Suetic Aortitis
 (5) mitral Incompetency

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) Kansas City Gen. Hospital #2

Per. E. P. Chalmers

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.

