

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

Do not use this space.

26135

3043

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Kaw Primary Registration District No. _____
 City Kansas City (No. 270915ell) St. _____ Ward _____

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

2. FULL NAME

(a) Residence, No. 270915ell St. 3 Ward _____

(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 MEDICAL CERTIFICATE OF DEATH

3. SEX Fe 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/3/32

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

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1932, to Aug 3, 1932.
 I last saw him alive on Aug 3, 1932. Death is said to have occurred on the date stated above, at 5:30 P.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unk. 1837

The principal cause of death and related causes of importance were as follows:

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

95

Aortic Insufficiency
131
of Aortic

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

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) Alabama

Other contributory causes of importance:

Interstitial Nephritis
Senility

13. NAME Unknown

Name of operation _____ Date of _____

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

What test confirmed diagnosis _____ Was there an autopsy? _____

15. MAIDEN NAME Mary Comer

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

17. INFORMANT Disie Bryant

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 8/6 1932

19. UNDERTAKER Watkins Bros

20. FILED 8/6 1932 M. M. Crow Registrar.

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? No
 If so, specify _____ (Signed) Byford C. Jackson M. D.
 (Address) 2752 1/2 St. S.E.

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.

