

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

Do not use this space.

26190

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
Township Kear Primary Registration District No. 1002  
City Kansas City (No. Kansas City Gen Hosp) (Ward) 309A

**2. FULL NAME**

(a) Residence, No. 2210 E 12th St., 9 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edith Haas</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 23-1878</u>		
7. AGE	YEARS <u>53</u>	MONTHS <u>8</u>
		DAYS <u>18</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>Barber 236</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	

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Yes.</u>
	13. NAME <u>Ellis Haas</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn</u>
	15. MAIDEN NAME <u>Florence Shriner</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn</u>
	17. INFORMANT <u>Beura Clerk</u> (ADDRESS) <u>2210 E 12th St. Kansas City Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cremation at Elmwood Cem.</u> DATE <u>8-13-32</u>	
19. UNDERTAKER (ADDRESS) <u>Mrs. C. L. Foster</u> <u>718 Brooklyn av</u>	
20. FILED <u>8/12 1932</u> <u>M. M. Crowl</u> <u>Asst Registrar.</u>	

**MEDICAL CERTIFICATE OF DEATH**

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-11 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-8 1932 to 8-11 1932

I last saw him alive on 8-11 1932 Death is said to have occurred on the date stated above, at 5:00 a.m.

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

Gastric Ulcer with marked hemorrhage incident to perforation of a vessel at the base.

Date of onset

Other contributory causes of importance:  
HTA  
HSC  
101

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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 P. F. Wellesley M. D.  
(Signed) Sup. of C Gen Hosp. KC Mo  
(Address) .....

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.

