

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

Do not use this space.

26207
3115

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. _____
Primary Registration District No. _____

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

2. FULL NAME

(a) Residence, No. Leavenworth 745 St., _____ Ward _____
(Usual place of abode)

(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. SEX male 4. COLOR OR RACE white 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) Sept 6-1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 10 28

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237

10. Data 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) Elgin Texas

13. NAME Martin Albert Roberts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) think Del.

15. MAIDEN NAME Miss Mabel Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yavis Tea Texas

17. INFORMANT Miss Mabel Page
(ADDRESS) 1510 Holly wood bet Deers Texas

18. BURIAL, CREMATION, OR REMOVAL PLACE Home Leavenworth DATE Aug 15 1932

19. UNDERTAKER Elyan Funeral Home
(ADDRESS) 1802 Linwood

20. FILED 8/13 1932 M. M. Crowe
Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4 1932 Thursday

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner 1932 to 1932

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 2 P. m.

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

astitis

Date of onset

Other contributory causes of importance _____

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? Yes

If so, specify _____

(Signed) Stanley M. Hae, M. D.

(Address) Deputy Coroner

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.

