

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

Do not use this space.

26296

3204

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Law Primary Registration District No. _____
 City Kansas City, Mo. No. 7-C General Hosp St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

(a) Residence, No. 5808 Perry St. 12 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 12 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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 7 1932</u>		
7. AGE	YEARS	MONTHS
		<u>12</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>Infant</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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo.</u>		
13. NAME <u>James Walker</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo.</u>		
15. MAIDEN NAME <u>Dune</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo</u>		
17. INFORMANT <u>Reva Clark</u> (ADDRESS) <u>7-C Gen. Hosp. R.C.M.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Luke's</u> DATE <u>Aug 20 32</u>		
19. UNDERTAKER <u>Wm. Henderson</u> (ADDRESS) <u>1398 15th</u>		
20. FILED <u>720</u> 1932 <u>M. J. Crooke</u> Regist. Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-19 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-8 1932 to 8-19 1932
 I last saw him alive on 8-9 1932. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Congenital dis-
tribution of Pelvic
prosera with an
opene
15700
 Other contributory causes of importance:
none
 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 AG Williams, M. D.
 (Signed) _____ (Address) Supr. R.C. Gen. Hosp. R.C.M.

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.

WHILE FATHER, WITH CERTAIN INFORMATION THIS IS A PERMANENT RECORD

