

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

Do not use this space.

29244

1. PLACE OF DEATH

County Jackson Registration District No. 389
Township Jean Primary Registration District No. 1002
City Kansas City (No. 4-C General)

File No. _____
Registered No. 3117
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. St. James Hotel 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Not known
7. AGE YEARS 58 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Music 209
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Teacher
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) Kansas

MOTHER 13. NAME Benton L. Kingsberry

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

15. MAIDEN NAME Eucy Vance

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

17. INFORMANT (ADDRESS) Card Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 9-9

19. UNDERTAKER (ADDRESS) Link & John Link Co

20. FILED 9/9 1932 M. M. Crowe asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-8 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-7 1932 to 9-8 1932
I last saw him alive on 9-8 1932 Death is said to have occurred on the date stated above, at 7:35 p.m.

The principal cause of death and related causes of importance were as follows:
Meningitis, probably pneumococcal
Other contributory causes of importance: PA 7 PA

Name of operation none 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 PE Williams M.D.
(Signed) See Report
(Address) _____

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.

