

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

Do not use this space.

29299

1. PLACE OF DEATH

County Jackson Registration District No. 385
Township Rau Primary Registration District No. 100
City Kansas City (No. 5600 Elmwood)

File No. _____
Registered No. 3172
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 5600 Elmwood St. 16 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>died</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Chas Zaring</u> <u>Married-1928</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 26 - 1866</u>		
7. AGE	YEARS <u>66</u>	MONTHS <u>3</u>
	DAYS <u>16</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>None 235</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>mother</u>	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>		
FATHER	13. NAME <u>Luke Main</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u>	
MOTHER	15. MAIDEN NAME <u>Louisa Main</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u>	
17. INFORMANT (ADDRESS) <u>Mrs Lillian Buee together</u> <u>5600 Elmwood</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Elmwood</u> DATE <u>Sept 14 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Eyles Funeral Home</u> <u>1800 Elmwood</u>		
20. FILED <u>Sept 13 1932</u> <u>M. M. Cerone</u> Registrar		

MEDICAL CERTIFICATE OF DEATH Monday

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 17 1932

22. I HEREBY CERTIFY that Deputy attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 9 a.m.

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

Acute
999 99
Other contributory causes of importance: (7)

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy?

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 _____

(Signed) Deputy M. D.

(Address) Deputy

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.

