

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

32244
3771

1. PLACE OF DEATH

County Jackson

Registration District No. _____

Township Kaw

Primary Registration District No. _____

City K.C. Mo

(No. _____)

St. St. Joseph Hospital

File No. _____

Registered No. _____

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. _____

(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

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 OFEmma Bath

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Feb 27-1873

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.59710

OCCUPATION

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

Watchmaker

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

40

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)England

MOTHER

13. NAME

Henry Bath14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)England

15. MAIDEN NAME

Mary Palmer16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)England

17. INFORMANT

(ADDRESS)

Wm Bath

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Memorial Park(DATE) 10/10/37

19. UNDERTAKER

(ADDRESS)

Mrs. C. L. Foster

20. FILED

10/51932M. M. Orin

Registrar.

2 MEDICAL CERTIFICATE OF DEATH

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

Oct, 9th, 1932

22. I HEREBY CERTIFY, That I attended deceased from

Sept 181932, toOct 7-32, 1932

I last saw him alive on

Oct 7-321932

Death is said

to have occurred on the date stated above, at 10:00 P.M. on 10/7/32

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

Pneumonia

Date of onset

Sept 17-32

Other contributory causes of importance:

Stone in kidney930

Name of operation

Date of

What test confirmed diagnosis?

Lab

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

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)

C. L. Foster

M. D.

(Address)

5242 S. John

Dr. H. H. H. H.