

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

Do not use this space.

32310

1. PLACE OF DEATH

County Jackson
Township New
City Kansas City

Registration District No. 399
Primary Registration District No. 3005
(No. Wesley Hosp.)

File No. 3230
Registered No. 3230
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. X Ward. Springton, Mo.
(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>PM</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>[Signature]</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-16-31</u>		
7. AGE	YEARS <u>1</u>	MONTHS <u>0</u>
	DAYS <u>27</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>Child</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 _____	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Springton Mo.</u>	
	13. NAME <u>Carl F. Williams</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Springton Mo.</u>	
	15. MAIDEN NAME <u>Lucy Jean Boretta</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Springton Mo.</u>	
	17. INFORMANT (ADDRESS) <u>Mrs. Geo. Boretta, Springton, Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Springton, Mo.</u> DATE <u>10-13</u> , 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>none - removed by family</u>		
20. FILED <u>10/12</u> , 19 <u>32</u> <u>W. B. Black</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1932, to Oct. 13, 1932
I last saw him alive on Oct. 13, 1932. Death is said to have occurred on the date stated above, at 3:00 A.M.
The principal cause of death and related causes of importance were as follows:
Edema of glottis
89B
1520
105A 105
Date of onset Sept 30
1932

Other contributory causes of importance:
Systemic infection from mastoiditis and neck abscess

Name of operation Tracheotomy Date of Oct 10, 1932
What test confirmed diagnosis? _____ Was there an autopsy? No

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) W. B. Black, M. D.
(Address) Newman Hotel, K.C., Mo.

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.

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