

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

Do not use this space.

32359

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. Wesley Hospital) St. _____ Ward _____

File No. 3233
Registered No. _____

2. FULL NAME Benjamin F. Dancy

(a) Residence, No. 2612 Bales St. 14 Ward.

(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 Elizabeth Dancy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 3, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
56 10 11

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 34

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) Illinois

13. NAME Nathaniel Dancy

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

15. MAIDEN NAME Sarah Jane Wright

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

17. INFORMANT Mrs. Elizabeth Dancy
(ADDRESS) 2612 Bales

18. BURIAL, CREMATION, OR REMOVAL PLACE Wt. Washington DATE Oct. 17, 1932

19. UNDERTAKER Stings & McAlvay
(ADDRESS) 3235 Hillman Plaza

20. FILED 10/16/32 M. M. Grobe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1932 to Oct 14, 1932

I last saw him alive on Oct 14, 1932 Death is said

to have occurred on the date stated above, at A. M. 12:05

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

Sepsis shock & anæsthesia Date of onset
127B
117B
131

Other contributory causes of importance

Duodenal peptic ulcer
Perforated duodenal ulcer
Myocarditis hypertensiva

Name of operation Relief duodenal ulcer Date of 1932

What test confirmed diagnosis? open Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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? no

If so, specify _____

(Signed) Geo M. Price, M. D.

(Address) 901 Chamber 9149 KMO

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.

Chromatogram

No-3120 (

I have been unable to
secure any information
with regard to the
Quadruple Perforation

M. M. Crowe

