

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

Do not use this space.

32429

**1. PLACE OF DEATH**

County Sackey Registration District No. 399  
 Township Blue Birds Station Primary Registration District No. 11  
 City Kansas City Mo. St. S.B. Hospital Ward

File No. \_\_\_\_\_  
 Registered No. 30158  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 2805 W. Kensington St. Ward (14)

(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 <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-7-1912</u>		
7. AGE YEARS <u>19</u>	MONTHS <u>11</u>	DAYS <u>8</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Bank Porter</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>245</u>		
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 City Mo.

13. NAME Hubert Wambly

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ga.

15. MAIDEN NAME G. Williams

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

17. INFORMANT Kansas City S.B. Hospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE Blue Ridge Co. DATE 10-21-32

19. UNDERTAKER (ADDRESS) 1820 W. 15th St. Kansas City Mo.

20. FILED 10/21 1932 M. M. Morrow Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 15, 1932

I HEREBY CERTIFY, That I attended deceased from September 1, 1932 to October 15, 1932  
 I last saw him alive on October 15, 1932. Death is said to have occurred on the date stated above, at 7:00 a.m.

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

Pulmonary tuberculosis Date of onset June 1932  
T.B.A.

Other contributory causes of importance: None

Name of operation None Date of operation \_\_\_\_\_  
 What test confirmed diagnosis? X-ray & sputum Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? None 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. None

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so specify \_\_\_\_\_ (M. D.)  
 (Signature) W. B. Buckner (Address) Kansas City 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.

