

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

Do not use this space.

32531

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Law

Primary Registration District No. 1002

City Kansas City (No. K.C. Jail Hosp.)

File No. _____
Registered No. 4062
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Helping 1st St. 1st Ward

(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>M</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 _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 14 1865</u>		
7. AGE YEARS <u>67</u>	MONTHS <u>11</u>	DAYS <u>15</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>Laborer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>237</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) Pa. (STATE OR COUNTRY) 2

13. NAME Mike Ducey

14. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY) 15

15. MAIDEN NAME Adley Miller

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

17. INFORMANT Record Clerk K.C. Jail Hosp (ADDRESS) K.C. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE 11-4-32

19. UNDERTAKER Peter B. Gaspertina (ADDRESS) K.C. Mo

20. FILED 10/31 19. 32 M.M. Corame Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-29-1932

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

I last saw him live on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Acute Coronary Disease Date of onset _____

115/150

Other contributory causes of importance: (S) (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) L. H. Miller, M. D.
(Address) Duffield

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.

