

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.

35723

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Jawa Primary Registration District No. _____
City Kansas City (No. K.C. General Hosp) St. _____ Ward) _____

File No. _____
Registered No. 1527
St. _____ Ward) _____

2. FULL NAME

Marshall Hand
(a) Residence, No. 1851 Garbee St. 3 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26-1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
96 3 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Delmon 2

FATHER 13. NAME Butler Hand

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

MOTHER 15. MAIDEN NAME Darah Park

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

17. INFORMANT (ADDRESS) Recd. Off. General Hosp.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lead DATE 11-11-37

19. UNDERTAKER (ADDRESS) Frank & John

20. FILED Nov 11 1937 M. M. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-8 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-6 1932 to 11-8 1932

I last saw her alive on 11-8 1932 Death is said

to have occurred on the date stated above, at 1:30 a.m.

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

Pulver Pneumonia Date of onset
108 / 108
Other contributory causes of importance: ①

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) P. E. Williams M. D.
(Address) Sub. K.C. Gen. Hosp. 12th Mo

