

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

Do not use this space.

39784

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 2028) Precinct 1002

File No. _____
Registered No. 4791 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2047 No Valley St. N.E. 11th Ward 5
(Usual place of abode)

Length of residence in city or town where death occurred 19 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Fay C.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 20 1906</u>		
7. AGE YEARS <u>26</u>	MONTHS <u>4</u>	DAYS <u>26</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>Truck Driver</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>104</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) <u>Mo. 1</u>		
MOTHER	13. NAME <u>George W. Lowe</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
	15. MAIDEN NAME <u>Mary Taylor</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo. 2</u>	
17. INFORMANT <u>J.S. Williams</u> (ADDRESS) <u>1228 Hurstall</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Joseph</u> DATE <u>12-17-32</u>		
19. UNDERTAKER <u>Fred's Bros.</u> (ADDRESS) <u>1416 Main St.</u>		
20. FILED <u>12-16-32</u> <u>M. M. Crowe</u> <u>cash</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/16/32, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dignity Corner, 1932

I last saw him _____ alive on _____, 1932. Death is said

to have occurred on the date stated above, at 1:10 P.M.

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

Arterio Sclerosis Date of onset _____

Other contributory causes of importance: _____

Name of operation no Date of _____
What test confirmed diagnosis autopsy 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 _____, 1932

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) [Signature], M. D.
(Address) Dignity Corner

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.

