

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

Do not use this space.

39858

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City No. 1711 "A" Holmes

Registration District No.
Primary Registration District No. Theatley Prot. Hosp

File No.
Registered No. 4866
St. Ward)

2. FULL NAME

(a) Residence, No. 1711 "A" Holmes St., 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 Male 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julia Fields

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 8, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 4 9

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 101

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) Tulsa Okla

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Julia Fields
1711 "A" Holmes

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 17/21

19. UNDERTAKER (ADDRESS) Watkins Bros

20. FILED 7/20 ar m. m. Browne Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15 ³² to 12-17th, 1932.
I last saw him alive on Dec. 17, 1932. Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Tracked stones
due to
aneurysm

Other contributory causes of importance: 96
114B

23. Name of operation..... Date of.....

What test confirmed diagnosis?..... 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) V. H. Bruce, M. D.
(Address) 311 New Center Bldg

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.

