

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.

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

Do not use this space.

39895

File No. 4903
Registered No. 4903
St. _____ Ward _____

1. PLACE OF DEATH

County Jackson Registration District No. 389
Township Kaw Primary Registration District No. 1002
City K.C. Mo. (No. Scull Hospital)

2. FULL NAME

(a) Residence, No. 404 Hillis St. _____ Ward _____
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Wgn 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) Unknown

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>about 21</u>				

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Don't know

13. NAME Don't know

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

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Hospital Record
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Blue Ridge Lave K.C. Mo. 12-22-32
DATE _____ 19____

19. UNDERTAKER Thyng & Greenstreet
(ADDRESS) K.C. Mo.

20. FILED Dec 23 1932 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/19/32 19____

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner 19____

I last saw him _____ alive on _____, 19____ Death is said

to have occurred on the date stated above, at 5: P. m.

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

Second and third degree
burns (by fire) of face, neck
Chest and arms.

Other contributory causes of importance: 181

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 Accident Date of injury 12/19/32

Where did injury occur? 404 Hillis K.C. Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Alcoholing caught after
Nature of injury Burns by fire.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Chf. of Hotel

(Signed) Deputy Coroner M. D. _____
(Address) _____

