

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Law
City Kansas City (No. General Hospital)

Registration District No. 399
Primary Registration District No. 1002

File No. 1438
Registered No. 108
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 51604 Gracy 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>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 5 1851</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>11</u>
	DAYS <u>4</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>None</u>	
	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) <u>Illinois</u>
FATHER
13. NAME <u>Thomas Jackson</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
MOTHER
15. MAIDEN NAME <u>Unkerson</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unkerson</u>
17. INFORMANT (ADDRESS) <u>Record Clerk K.C. General Hosp</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>W Washington</u> DATE <u>Jan 11 1932</u>
19. UNDERTAKER (ADDRESS) <u>Shine, 1211 Mc Cleve K.C. Mo</u>
20. FILED <u>Jan 11 1932 M.M. Corowe</u> Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-9, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-7, 1933, to 1-9, 1933

I last saw him alive on 1-9, 1933 Death is said

to have occurred on the date stated above, at 10:40 P.M.

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

Broncho pneumonia
186A
194B
107A | 186C
Date of onset _____

Other contributory causes of importance:
Subtrochanteric fracture of femur from job in home

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) J.H. Gamett, M. D.
(Address) K.C. General Hospital

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.

WHILE TYPE-WRITING WITH UNFADING INK—THIS IS A PERMANENT RECORD

