

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

Do not use this space.

1021

**1. PLACE OF DEATH**

County Jackson  
Township Franklin  
City Kansas City (No. Gen. Hosp # 2)

Registration District No. 389  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 251  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 912 E. 4th St., 1 Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</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>Laura Peyton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-7-1876</u>		
7. AGE	YEARS <u>26</u>	MONTHS <u>2</u>
	DAYS <u>5</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>Laborer</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

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-12-1933

22. I HEREBY CERTIFY, That I attended deceased from 1-2- 1933 to 1-12- 1933

I last saw him alive on 1-12- 1933 Death is said

to have occurred on the date stated above, at H.O.P. m.

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

Prostatitis

Date of onset

Cystitis

Other contributory causes of importance:  
Pulmonary phthisis  
Multiple abscesses of kidneys

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Lab. urine, etc. 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) J. W. [Signature], M. D.  
(Address) Gen. Hosp # 2

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kans</u>
	13. NAME <u>Unknown</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	15. MAIDEN NAME <u>Unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
17. INFORMANT <u>Record Clerk</u> (ADDRESS) <u>Gen. Hosp # 2</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maple Hill Cem.</u> DATE <u>1-16-</u> 19 <u>33</u>	
19. UNDERTAKER <u>H.B. Moore</u> (ADDRESS) <u>1520 E. 18th St. Mo</u>	
20. FILED <u>Jan 16 1933 M.M. Brown</u> <u>Asst. Registrar.</u>	

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.

