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.

9655

1. PLACE OF DEATH

County: Jackson — Registration District No.: 305 — File No.:

Township: Kansas — Primary Registration District No.: 1 — Registered No.: 12740

City: Kansas — No. 715 Linden Ave. — St. — Ward)

2. FULL NAME: Eugene Orland

(a) Residence, No. 715 Linden Ave, St. Kansas 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Col	Wid

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.
About 45			

OCCUPATION

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

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) MO

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Mildred Grams
(ADDRESS) 1113 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Blue Ridge Lawn DATE 3-15, 1933

19. UNDERTAKER H. B. Moore
(ADDRESS) 1820 E. 18th St

20. FILED 3/15, 1933 M. M. Greene
Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/12/33, 19

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

I last saw h alive on, 19 Death is said to have occurred on the date stated above, at m.

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

Stab wound of left arm — Date of onset
Hemorrhage from
brachial artery

Other contributory causes of importance:

B / / U

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 3/11, 1933
Where did injury occur? 715 Linden Ave Kans
(Specify city or town, county, and State)
Specify whether injury occurred in Industry, at home, or in public place.
Alone at gives
Manner of injury Stab wound by sharp
Nature of injury instrument Hemorrhage

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

(Signed) C. E. Leth, M. D.

(Address) Kansas.