

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

Do not use this space.

16733

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Jaw Primary Registration District No. 1002  
 City Kansas City (No. 615 West 13th St.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 2230  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

Robert L. Wayne  
 (a) Residence, No. 615 West 13th St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 8, 1883

| 7. AGE | YEARS     | MONTHS   | DAYS      | IF LESS THAN 1 day, _____ hrs. or _____ min. |
|--------|-----------|----------|-----------|--|
|        | <u>49</u> | <u>7</u> | <u>15</u> |  |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
 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) Missouri

13. NAME Robert Wayne

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Port Know

15. MAIDEN NAME Laura B. Cole

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

17. INFORMANT (ADDRESS) Mrs. Laura B. Sparks, University City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Military DATE 5-75-33

19. UNDERTAKER (ADDRESS) Home Kansas Mortuary, Kansas City, Mo.

20. FILED May 25, 1933 M. M. Kerwin Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/23/33

22. I, Spencer Brown, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_  
 I last saw him \_\_\_\_\_ 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:

Chronic pulmonary tuberculosis. Date of onset \_\_\_\_\_

Other contributory causes of importance: 23

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis Autopsy as 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) [Signature]  
 (Address) \_\_\_\_\_

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.

