

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 389
Primary Registration District No. 1000
(No. 1036 Broadway)

19679

File No. 2390
Registered No. 2390
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1036 Broadway 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 16 1880
7. AGE YEARS 52 MONTHS 7 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cleaning
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business
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) Marshall Mo

13. NAME Elisha A. Carpenter

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

15. MAIDEN NAME Ellen L. McDonald

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

17. INFORMANT Martha M. Carpenter (ADDRESS) 1036 Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation DATE June 8 1933

19. UNDERTAKER Caylor Funeral Home (ADDRESS) 22 E. Mo.

20. FILED June 8 1933 M. M. Cronin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/6/33, 19

22. I HEREBY CERTIFY That I attended deceased from _____, 19
D. J. Cronin
I last saw him _____ live on _____, 19 _____ Death is said to have occurred on the date stated above, at 1245 A.

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

Stychnine Poisoning
(Suicide)
163E

Other contributory causes of importance: 163

Name of operation _____ 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 suicide Date of injury 6/6/33

Where did injury occur? 1036 Broadway, Kansas City
(Specify city or town, county, and State)

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

Manner of injury Tox. stychnine
Nature of injury poisoning

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

(Signed) M. M. Cronin (Address) _____

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.

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