

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

Do not use this space.

19733

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Jean Primary Registration District No. 1002
 City Kansas City (No. J.C. General Hosp.) St. _____ Ward _____

File No. _____
 Registered No. 2447

2. FULL NAME

(a) Residence, No. 4336 Garber St. Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 28 yrs. mos. 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie La Fayette

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28, 1905

7. AGE YEARS 28 MONTHS 0 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

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

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 7 yr

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

13. NAME L. W. La Fayette

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

15. MAIDEN NAME Amilda Etzold

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

17. INFORMANT (ADDRESS) Board Clerk, J.C. General Hosp.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt St Marys DATE 6/13/33

19. UNDERTAKER (ADDRESS) W. J. C. General Hosp.

20. FILED 6/12/33 19. 337 N. W. Grove Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-9, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-8 to 6-9, 1933

I last saw him alive on 6-9, 1933 Death is said to have occurred on the date stated above, at 7:10 AM

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

Epidemic cerebral spinal meningitis Date of onset _____

Other contributory causes of importance: 18/18

Name of operation _____ Date of _____
 What test confirmed diagnosis Smear & Culture 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 _____

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. J. Bennett M. D.
 (Address) J.C. General Hosp. Tech.

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.

