

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

Do not use this space.

23073

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Kaw Primary Registration District No. _____
 City Kansas City, Mo 2319 Highland Ave St. _____ Ward _____

File No. _____
 Registered No. 2769

2. FULL NAME

(a) Residence, No. 2319 Highland Ave 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 Male 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1890 Apr, 2nd

7. AGE YEARS 43 MONTHS 2 DAYS ind If LESS than 1 day, _____ hrs. or _____ min.

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

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

13. NAME James Wells

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Willie Martin (ADDRESS) 751 Belmont

18. BURIAL, CREMATION, OR REMOVAL PLACE Flargo Mo DATE 7/5th 1933

19. UNDERTAKER W. A. Appleton & Sons (ADDRESS) 1600 E. 119th St

20. FILED July 4, 1933 M. M. Corne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1st, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/27/33 to 7/2/33
 I last saw him live on 7/2/33 Death is said to have occurred on the date stated above, 12:30 P.

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

Cerebral Embolism Date of onset 7/2
940
828
 Other contributory causes of importance Coronary Thrombosis

Name of operation _____ Date of _____
 What test confirmed diagnosis Autopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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? no
 If so, specify _____

(Signed) W. H. Caldwell, M. D.
 (Address) 2434 2nd

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.

1-1-33

