

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

Do not use this space.

23339

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Wau Primary Registration District No. 1002
City Kansas City (No. 4C General Hosp) St. Mo. Ward

File No.
Registered No. 3045
St. Ward

2. FULL NAME

(a) Residence, No. 1911 Lawn St., Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 24 1869</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>2</u>
	DAYS <u></u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u></u>	
	10. Date deceased last worked at this occupation (month and year) <u></u>	11. Total time (years) spent in this occupation <u></u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-24 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-10 1933, to 7-24 1933

I last saw him alive on 7-24 1933 Death is said to have occurred on the date stated above, at 1:20 PM

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

Cystic degeneration of Brain Date of onset 8-7-13

Other contributory causes of importance:

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	13. NAME <u>Albert Richardson</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mass</u>
	15. MAIDEN NAME <u>Malina Gordon</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	17. INFORMANT <u>Reverend Clark</u> (ADDRESS) <u>KC Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Hill</u> DATE <u>July 26 1933</u>	
19. UNDERTAKER <u>Rosa Henderson</u> (ADDRESS) <u>K.C. Mo</u>	
20. FILED <u>July 26 1933</u> <u>M. M. Crowl</u> Registrar.	

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? 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) J. J. Bennett M. D.
7-24-33 (Address) 4C Gen Hosp KC Mo

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.

