

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Yakaw
City Kansas City (No. 1002)

Registration District No. 399
Primary Registration District No. 1002
St. General Hosp

File No. 23394
Registered No. 3100 (Ward)

2. FULL NAME

(a) Residence, No. 3321 E. 9th 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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>X X 1857</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>X</u>
	DAYS <u>X</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.	
	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) <u>not known</u>		
MOTHER / FATHER	13. NAME <u>no information</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no information</u>	
	15. MAIDEN NAME <u>no information</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no information</u>	
17. INFORMANT (ADDRESS) <u>Reva Clark, KC Gen Hosp</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wash. Cemetery</u> DATE <u>8/1</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>Stone & McBlair U.C.S. Kansas City, Mo.</u>		
20. FILED <u>July 31, 1933</u> <u>mm crowl</u> <u>asst Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

1 /

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-31, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-14, 1933 to 7-31, 1933

I last saw him alive on 7-31, 1933 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:
Date of onset
Cystic degeneration of brain
876

Other contributory causes of importance:
611

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. G... M. D.
(Address) 1002 General Hosp

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.

