

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

Do not use this space.

26362

1. PLACE OF DEATH

County Jackson
Township Law
City Kansas City (No. R. 2nd Coop.)

Registration District No. 399
Primary Registration District No. 123

File No. 3499
Registered No. 3499 St. Tattoo Ward.

2. FULL NAME

(a) Residence, No. Unknown St. Unknown 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) unknown

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 55 to 60

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

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) Unknown

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Capitina Mortuary (ADDRESS) K.C. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE Sept 2 1933

19. UNDERTAKER Capitina Mortuary (ADDRESS) K.C. Mo

20. FILED 9-3 1933 M. M. Brewer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/19/33 1933

22. I HEREBY CERTIFY that I attended deceased from Unknown 1933

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

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

Death psychogenic Date of onset 1230

Other contributory causes of importance: 1230

Name of operation no Date of no
What test confirmed diagnosis Antigen 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 no, 1933

Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury no was listed in occupation of deceased?
If so, specify no

(Signed) [Signature] (Address) no

WHILE FADING 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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