

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

Do not use this space.

26394

1. PLACE OF DEATH

County Jackson
Township Jackson
City Kansas City

Registration District No. 309
Primary Registration District No. 4002
No. 3315 Hardesty

File No. _____
Registered No. 3194
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3315 Hardesty St. _____ 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 Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 23, 1900.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
32. 11 12

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

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) Tenn.

13. NAME Wan Chandler

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

15. MAIDEN NAME Mary Freeman

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

17. INFORMANT Alex. E. Chandler
(ADDRESS) 3315 Hardesty

18. BURIAL, CREMATION OR REMOVAL PLACE Belle, Tenn. DATE 8/16, 1933

19. UNDERTAKER Hatkins Brothers
(ADDRESS) 129 Lydia

20. FILED Aug 9, 1933 M. M. Crowe
Cash Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/5, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-31-33, 1933 to 8-5-33, 1933

I last saw him alive on 8-5-33, 1933. Death is said to have occurred on the date stated above, at 3A, m.

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

Acute Pulmonary Phthisis
2294B
Exposure
Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Microscopic Was there an autopsy? _____

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. no

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no

(Signed) Alex. E. Chandler M. D.

(Address) 3315 Hardesty

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.

H. B. Lyons.