

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

Do not use this space.

26410

1. PLACE OF DEATH

County Jackson Registration District No. 309
 Township Kaw Primary Registration District No. 1000
 City Kansas City (No. 4) General Hosp St. _____ Ward _____

File No. _____
 Registered No. 3132
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 4527 E. 10th St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24, 1898

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>35</u>	<u>3</u>	<u>9</u>	

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

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 Lincoln, Plum

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

15. MAIDEN NAME Mauphilitta

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

17. INFORMANT Dr. J. J. [unclear]

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Washington DATE Aug 5, 1933

19. UNDERTAKER Mrs. C. R. Foster

(ADDRESS) 918 Broadway

20. FILED Aug 3, 1933 Wm. J. Morrow Registrar.

1) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-3 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-23 1933 to 8-3 1933

I last saw him alive on 8-3 1933 Death is said

to have occurred on the date stated above, at 6:10 a. m.

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

Acute endocarditis
Broncho-pneumonia

Other contributory causes of importance 9/11

Name of operation none 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. [unclear], M. D.

(Address) 8-3-33 Genl Hosp KCMO

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.

SEP 26 1933

