

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.

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

Do not use this space.

29661

3585

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township K.C. Mo Primary Registration District No. 1002
 City K.C. Mo (No. Mercy Hospital) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME

(a) Residence, No. 2917 Olive 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 23 1921</u>		
7. AGE YEARS <u>12</u>	MONTHS <u>1</u>	DAYS <u>25</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Child</u>		11. Total time (years) spent in this occupation _____
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) _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>K.C. Mo</u>		
13. NAME <u>Le Roy Rose</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
15. MAIDEN NAME <u>Tullie Mott</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
17. INFORMANT <u>Le Roy Rose</u> (ADDRESS) <u>2917 Olive, K.C. Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Wash.</u> DATE <u>Sept-11-33</u>		
19. UNDERTAKER <u>Mo. C. L. Foster</u> (ADDRESS) <u>K.C. Mo.</u>		
20. FILED <u>9-9</u> 19 <u>33</u> <u>monroe</u> <u>asst Registrar.</u>		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-8-1933

22. I HEREBY CERTIFY, That I attended deceased from 9-8-1933 to 9-8-1933

I last saw h. l. alive on 9-8-1933 Death is said to have occurred on the date stated above, at 11:45 p.m.

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

Generalized peritonitis
Ulcerative enterocolitis
129
120B
Other contributory causes of importance: _____

Date of onset 9/8

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) C. J. Hedridge, M. D.
 (Address) Mercy Hosp.
Ray, Wash.

