

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

Do not use this space.

29755

**1. PLACE OF DEATH**

County Jackson  
Township Jean  
City Kansas City

Registration District No. 399  
Primary Registration District No. 1002

File No. ....  
Registered No. 3679 St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 504 + Blue Ridge St. .... Ward.

(Usual place of abode) Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</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>1</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-24-1864</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>1</u>
	DAYS <u>23</u>	IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	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) Milwaukee Wisconsin

13. NAME Not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Records clerk  
(ADDRESS) K. B. General Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Avoca Iowa DATE Sept 17<sup>th</sup> 1933

19. UNDERTAKER Quinn & Tobin  
(ADDRESS) 2200 Greenwood

20. FILED 9-17-33 M. N. (Crosby) Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-17-1933

22. I HEREBY CERTIFY, That I attended deceased from 9-15-1933 to 9-17-1933

I last saw him alive on 9-17-1933 Death is said

to have occurred on the date stated above, at 2:45 P.M.

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

Epidemic Encephalitis Date of onset

Other contributory causes of importance:  
17 17

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) P. F. DeMarcel M. D.  
(Address) K. B. General Hospital

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.

MISSOURI RESERVE FOR BINDING

