

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

Do not use this space.

29901

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Deau Primary Registration District No. 1003
 City Kansas City (No. 120 General Hosp) St. _____ Ward _____

File No. _____
 Registered No. 3827

2. FULL NAME

(a) Residence, No. 1402 Forest St., _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 16 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1, 1878
 7. AGE YEARS 55 MONTHS 7 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

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

13. NAME James M. Gardner

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

15. MAIDEN NAME Anna Thurd

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

17. INFORMANT (ADDRESS) Reverend Clerk
General Hosp. R. C. M.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE 9-28-33

19. UNDERTAKER (ADDRESS) Duck & Salin

20. FILED 9/28 1933 M. M. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-21, 1933
 22. I HEREBY CERTIFY, That I attended deceased from 9-15, 1933 to 9-21, 1933
 I last saw him alive on 9-21, 1933. Death is said to have occurred on the date stated above, at 11:22 a.m.
 The principal cause of death and related causes of importance were as follows:

Diabetes mellitus Date of onset _____
 Other contributory causes of importance: Diabetic coma

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

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. H. De Maria, M. D.
 (Address) R. L. Ken. Hosp.

not dup.

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.

399

1933

