

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

Do not use this space.

33018

3951

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Townshp Blue Primary Registration District No. _____
 City Seed Station (No. Seed Station Hospital) St. _____ Ward _____
K.C.

2. FULL NAME

(a) Residence, No. 503 Harley Ave. St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 29 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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Hiris
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 29-1884
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
48 9 Mo - 8

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. cabinet maker
 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) Austria

MOTHER FATHER
 13. NAME John Hiris
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

MOTHER FATHER
 15. MAIDEN NAME Mydel - Pandal
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

17. INFORMANT H. C. J. B. Hoop - Seed - Mo -
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE Oct 9 1933

19. UNDERTAKER Mrs. E. L. Ferrier
 (ADDRESS) 218 1/2 Ave. B, Kansas City, Mo.

20. FILED Oct 7 1933 m. m. c. case
act Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct - 7 1933
 22. I HEREBY CERTIFY, That I attended deceased from July 13 1933, to Oct 7 1933.
 I last saw him alive on Oct - 6 1933. Death is said to have occurred on the date stated above, at 5:20 m.
 The principal cause of death and related causes of importance were as follows:

Tubercular Meningitis
23 1/2
 Other contributory causes of importance: 23
 Date of onset _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Specimen 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) Carl C. Platt M. D.
 (Address) K.C. Tubercular Meningitis

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.

NOV 10 1933

2m - 60610

un Hairy