

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

Do not use this space.

36670

File No. **4593**
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Jackson Registration District No. 389
Township Kan Primary Registration District No. 1003
City Kansas City (No. RC General Hosp)

2. FULL NAME

(a) Residence, No. 2536 Elmwood Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 19 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

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		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 12 1888</u>		
7. AGE YEARS <u>50</u>	MONTHS <u>2</u>	DAYS <u>28</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Drucker</u>
	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) Jenn

MOTHER FATHER 13. NAME Wm Hill

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

MOTHER 15. MAIDEN NAME Mary E. Blanton

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

17. INFORMANT (ADDRESS) Druid Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Leeds DATE 11-23-33

19. UNDERTAKER (ADDRESS) Quirk + Tolin

20. FILED Nov 23, 1933 M. M. Crowe Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-10, 1933
22. I HEREBY CERTIFY, That I attended deceased from 11-8, 1933 to 11-10, 1933
I last saw him alive on 11-10, 1933 Death is said to have occurred on the date stated above, at 3:45 P.M.
The principal cause of death and related causes of importance were as follows:

Gastric ulcer with perforation of blood vessel
Date of onset 11/7/33
Other contributory causes of importance: 10/23/33

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. De Maria M. D.
(Address) Supr RC Gen 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.

JAN 8 1934

15
2
2
2

H-11-33

