

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.

40316

5126

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Frank Primary Registration District No. 1002
 City Kansas City (No. 22) General Hosp St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 514 1/2 main St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 <input type="checkbox"/> HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 22 1868</u>				
7. AGE	YEARS <u>65</u>	MONTHS <u>1</u>	DAYS <u>6</u>	If LESS than 1 day,hra. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</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) <u>Illinois</u>				
MOTHER	13. NAME <u>John Hurley</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>			
	15. MAIDEN NAME <u>Mary Ann</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>			
17. INFORMANT <u>Reverend Clerk</u> (ADDRESS) <u>2222 General Hosp</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Calvary</u> DATE <u>12-30-33</u>				
19. UNDERTAKER <u>Dunk + Tolson</u> (ADDRESS)				
20. FILED <u>12-30 1933</u> <u>M. W. Crowe</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-28 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-29 1933, to 12-28 1933

I last saw him alive on 12-28 1933 Death is said to have occurred on the date stated above, at 4:45 a.m.

The principal cause of death and related causes of importance were as follows:
Broncho-pneumonia Date of onset _____

Other contributory causes of importance:
1070

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? NO

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) Subst. KC Gen. Hosp

