

FB 27 1934

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

Do not use this space.
1450

1. PLACE OF DEATH Jackson Registration District No. 399
County Franklin File No. _____
Township Franklin Primary Registration District No. 1002 Registered No. _____
City Kansas City No. Kansas City Industrial Hospital Ward 432

2. FULL NAME Fred Heard
(a) Residence, No. 9033 N. 2nd St. N. C. Han Ward. _____
(Usual place of abode) _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 5 - 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 3 20

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day Laborer
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 _____

MOTHER
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala
13. NAME Horace Heard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ga
15. MAIDEN NAME Beatrice Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala

FATHER
17. INFORMANT Mrs Beatrice Lockett
(ADDRESS) 2033 N. 2nd St N. C. Han
18. BURIAL, CREMATION, OR REMOVAL
PLACE West Lawn DATE Jan 30 1934

19. UNDERTAKER N. C. Emb.asket Co
(ADDRESS) 440 State Ave N. C. Kansas
20. FILED 1/29 1934 M. M. Crowe
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/25/34, 1934

22. I HEREBY CERTIFY That I attended deceased from _____, 19____
D. J. Crowe
I last saw _____ alive on 8 20 A, 19____. Death is said to have occurred on the date stated above at _____ m.
The principal cause of death and related causes of importance were as follows:
Thrombocytopenic Purpura
Acute Cerebral Edema
Other contributory causes of importance: _____
79 A
82 A

Name of operation _____ Date of operation _____
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) D. J. Crowe, M. D.
(Address) _____

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.

RESERVED FOR BINDING

~~Trust
Obligation
Trust~~