

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

Do not use this space.

1470

**1. PLACE OF DEATH**

County Jackson Registration District No. 385 File No. 452  
 Township Kaw Primary Registration District No. 4347 Registered No. 452  
 City Kan city (No. 4347) Gilman Rd. St.          Ward         

**2. FULL NAME**

(a) Residence, No. 4347-Gilman Rd. Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)

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 <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 <u>Single</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 19-1855</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>78</u>	<u>7</u>	<u>8</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</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			

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27 1934

I HEREBY CERTIFY That I attended deceased from June, 1932, to January 27, 1934  
 I last saw him alive on January 27, 1934. Death is said to have occurred on the date stated above, at 7:30 p.m.  
 The principal cause of death and related causes of importance were as follows:

Broncho pneumonia & acute pleuritis & pericarditis (Date of onset Dec-1-1933)  
Collapsed left lung

Other contributory causes of importance:  
Cholangitis of the liver  
Polycystic & hypertensive kidneys (Date of onset 1933)

Name of operation 1125 B Date of 1933  
 What test confirmed diagnosis? 1103 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) Herbert T. Tull, M. D.  
 (Address) 1125 Riatta Bldg.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Louisville Kentucky</u>
	13. NAME <u>Unknown</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	15. MAIDEN NAME <u>Unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
17. INFORMANT <u>Mrs H. Kelly</u> (ADDRESS) <u>4347-Gilman Rd.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Palatka Cemetery</u> DATE <u>1-30-34</u>	
19. UNDERTAKER <u>H. Bergman</u> (ADDRESS) <u>K. of Mo.</u>	
20. FILED <u>Jan 30 1934</u> <u>M. M. Crowe</u> <u>Registrar</u>	

7 1934

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

U.S. NO. 2

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.

