

WHITES 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.

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

934 1 PLACE OF DEATH  
County Jackson  
Township —  
Village —  
City Kansas City Mo.

Registration District No. 200 File No. 1512-7  
Primary Registration District No. 002 Registered No. 380  
City 2929 Main St. Wilmore

If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Kenneth Price

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Wife

6 DATE OF BIRTH Apr 27 1933  
(Month) (Day) (Year)

7 AGE 9 yrs. 4 mos. 4 ds. If LESS than 1 day—hrs. or—min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work —  
(b) General nature of industry business, or establishment in which employed (or employer) —

9 BIRTHPLACE (City or town, State or foreign country) Kansas City Mo

PARENTS  
10 NAME OF FATHER —  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) —  
12 MAIDEN NAME OF MOTHER Ann Price  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Arkansas

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Al Dyzart R.N.  
(Address) 2929 Main

15 Filed 2-6 1934 M. M. Crowe  
asst. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 31 1934  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Apr 27 1933, to Jan 31 1934  
that I last saw h. l. m. alive on Jan 31 1934  
and that death occurred, on the date stated above, at 12:15 a.m.

The CAUSE OF DEATH\* was as follows:  
Hydrocephalus

157A (Duration) 15 yrs. 7 mos. — ds.

CONTRIBUTORY (Secondary) —  
(Signed) A. K. Cooperhill M. D.  
(Address) 406 W. 34th

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  
At place of death 9 yrs. 4 ds. In the State — yrs. — mos. — ds.  
Where was disease contracted if not at place of death? —  
Former or usual residence none

19 PLACE OF BURIAL OR REMOVAL Maple Hill DATE OF BURIAL Febr. 8 1934

20 UNDERTAKER Cyclark Funeral Home ADDRESS J. C. M.

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association.]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

*1 Kansas City*

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: *1 Kenneth Peck* *Willows Hoops*  
Who died at \_\_\_\_\_ on *Jan 3 - 1934*  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex *M* Color or race *W* Single, married, widowed or divorced: \_\_\_\_\_  
Date of birth \_\_\_\_\_ Age: Years \_\_\_\_\_ Months *9* Days *4*

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year \_\_\_\_\_  
Birthplace (State or country) *Hydrazep, Kansas*  
Birthplace of father (State or country) *(Congenital)*  
Birthplace of mother (State or country) \_\_\_\_\_  
Principal cause of death: \_\_\_\_\_

Other contributory causes of importance \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
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 \_\_\_\_\_  
Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
Name of physician \_\_\_\_\_  
Address of physician \_\_\_\_\_  
Signature of Registrar *M. M. Crowe* Date filed *7/6/34*

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. \_\_\_\_\_  
Primary Reg. Dist. No. \_\_\_\_\_  
Very truly yours,  
*E. J. McLaughlin M.D.*  
Special Agent.

RECEIVED

GENERAL INVESTIGATIVE DIVISION

MEMPHIS

TO: SAC, MEMPHIS (44-1987) FROM: SAC, JACKSON (44-1987) (P)

RE: MURKIN; JACKSON TELETYPE TO MEMPHIS 5/15/68

FOR INFORMATION OF THE JACKSON OFFICE, THE FOLLOWING IS A SUMMARY OF THE INVESTIGATION CONDUCTED AT MEMPHIS ON 5/15/68:

5-1517-27

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44-1987-1000