

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township GrandPrimary Registration District No. 1005City Kansas City (No. V.C. General Hosp)

St. _____ Ward _____

File No. 4837Registered No. 555

2. FULL NAME

(a) Residence, No. 548 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 15 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 White 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) Feb 12 18767. AGE YEARS 58 MONTHS 11 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer

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) Texas13. NAME Peter Clements14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas15. MAIDEN NAME Rachel Woodward16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas17. INFORMANT Peora Clerk (ADDRESS) 1005 Gen Hosp Rm18. BURIAL, CREMATION, OR REMOVAL PLACE Final Hills DATE 2-5-3419. UNDERTAKER Smith & Selvin (ADDRESS) _____20. FILED 2-5 1934 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-2 193422. I HEREBY CERTIFY, That I attended deceased from 1-31 1934, to 2-2 1934I last saw him alive on 2-2 1934 Death is saidto have occurred on the date stated above, at 5:35 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset _____Other contributory causes of importance: 108

Name of operation _____ Date of _____

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 _____, 1934

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) J. H. Gentry M. D.(Address) 1005 Gen Hosp Rm

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.

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