

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.

MAR 24 1934

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

Do not use this space.

4994

1. PLACE OF DEATH

County Jackson  
Township Kaw  
City Kan City

Registration District No. 622  
Primary Registration District No. St Joseph Hosp

File No. 719  
Registered No. 719  
St.        Ward       

2. FULL NAME

(a) Residence, No. 4704 E-6 St.        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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS 67 MONTHS        DAYS        IF LESS than 1 day, .....hrs. or .....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. K.R. Conductor

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) Ill.

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs B Harris (ADDRESS) 4704 E-6

18. BURIAL, CREMATION, OR REMOVAL PLACE mt Moriah DATE 2-15-34

19. UNDERTAKER McBrynen (ADDRESS)       

20. FILED 2/14 34 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1934, to Feb 13, 1934

I last saw him alive on Feb 13, 1934 Death is said to have occurred on the date stated above, at 345 m.

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

Pulmonary Tuberculosis (Date of onset Several years)

Other contributory causes of importance       

Name of operation None Date of       

What test confirmed diagnosis? Clinical 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? No If so, specify       

(Signed) H. C. Cunniff, M. D. (Address) 6520 Oakleaf Ave

12. 4. 1950  
4500 Dredge  
Re 0752  
Re 004V