

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 Jackson
Township Lebanon
City Kansas City

Registration District No. 389Primary Registration District No. 1507File No. 5032Registered No. 759

2. FULL NAME

(a) Residence, No. Helping Hands St. Spring Ward. Spring

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 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

unknown

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

9-9-1858

7. AGE

7551

If LESS than 1 day, hrs. or min.

OCCUPATION

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

unknown

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)

Ohio

13. NAME

Joseph Sprout

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

Penn.

15. MAIDEN NAME

Martha Sief

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

Penn.

17. INFORMANT (ADDRESS)

Records Clerk
K. G. General Hospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE Leeds DATE 2-16-34

19. UNDERTAKER (ADDRESS)

Quinn + Lubin

20. FILED

15 1934 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

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

2-10-193422. I HEREBY CERTIFY, That I attended deceased from 2-1-34, 1934, to 2-10-1934, 1934I last saw him alive on 2-10-1934. Death is said to have occurred on the date stated above, at 4:40 p.m.

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

Pneumonia lobar Date of onsetChronic Hypertension
10%
95C

Other contributory causes of importance:

106

Name 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)

R. F. De Grana M. D.

(Address)

Asst. Sup't. K. G. General Hospital

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.

