

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.

APR 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Rayson Registration District No. 300
Township Wood Primary Registration District No. 42C General
City Kansas City (No. 42C General) St. 21st Ward

File No. 5256
Registered No. 988
St. 988 Ward

2. FULL NAME

(a) Residence, No. E. E. 1st St. St. Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 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> </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 16, 1861</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>0</u>	DAYS <u>12</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Unknown</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>		
10. Date deceased last worked at this occupation (month and year) <u> </u>		11. Total time (years) spent in this occupation <u> </u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
13. NAME <u>Don't know</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
15. MAIDEN NAME <u>Don't know</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
17. INFORMANT <u>Reverend Clerk</u> (ADDRESS) <u>1500 12th</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Louis</u> DATE <u>3-2-34</u>		
19. UNDERTAKER <u>Quirk & Tobin</u> (ADDRESS) <u> </u>		
20. FILED <u>3-2-34</u> M. M. Crook Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-28 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-23 1934 to 2-28 1934
I last saw him alive on 2-28 1934 Death is said to have occurred on the date stated above, at 9:45 PM
The principal cause of death and related causes of importance were as follows:
Generalized Arterio-sclerosis; Chronic Interstitial Nephritis;
Branch pneumonia
Date of onset 1934

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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) M. D.
(Address)

