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.

APR 25 1934

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

Do not use this space.

8844

File No. 1029

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No.

Township Kaw — Primary Registration District No.

City Kansas City, Mo. (No. 204 Garfield St. Ward)

2. FULL NAME Crittenden Clay Palmer

(a) Residence, No. 204 Garfield St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Margaret Palmer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 20, 1851

7. AGE: YEARS 82 — MONTHS 5 — DAYS 13 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Missouri

FATHER

13. NAME: Walter Palmer

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

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT (ADDRESS): Mrs. H. A. McKee, 752 Washington Blvd. K.C. Ks.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Mt. Washington Cem. Mar. 5, 1934

19. UNDERTAKER (ADDRESS): C. H. Blackman & Son, 2825 Indep. Blvd. K.C. Mo.

20. FILED 3-5, 1934 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 3, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1932, to March 3, 1934

I last saw him alive on March 3, 1934. Death is said to have occurred on the date stated above, at 3:45 PM

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

Cerebral Hemorrhage — Date of onset 3/3/34

82A 82a

97

Other contributory causes of importance:

Arterio Sclerosis

Name of operation — Date of

What test confirmed diagnosis? Symptoms — 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? no

If so, specify

(Signed) Charles H. Lee DC, M. D.

(Address) 2608 Indep. ave

BE-4113