

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

Do not use this space.

8996

1192

APR 25 1934

1. PLACE OF DEATH

County Jackson Registration District No. 300
 Township Law Primary Registration District No. 100
 City Kansas City, Mo. Kansas City Gen Hosp Ward

2. FULL NAME

(a) Residence, No. 2307 Independence Ave Ward.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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 Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22-1894

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|--------|-----------|----------|-----------|----------------------------------|
| | <u>39</u> | <u>8</u> | <u>22</u> | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
 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) Mo

13. NAME Miles J Henley

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

15. MAIDEN NAME Martha Holt

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

17. INFORMANT (ADDRESS) Reverend Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Clumwood DATE 3/16/1934

19. UNDERTAKER (ADDRESS) Wm. L. Flower

20. FILED Mar 15 1934 M. M. Crowl Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-14 1934

22. I HEREBY CERTIFY, That I attended deceased from 2:20, 34, to 3-14, 1934

I last saw him alive on 3-14, 1934 Death is said

to have occurred on the date stated above, at 12:30 AM

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

Broncho-pneumonia Date of onset 1934
1075
1352 107A

Other contributory causes of importance:

hypertrophied prostate

Name of operation Suprapubic Cystotomy Date of 2-17-34

What test confirmed diagnosis? None Was there an autopsy? no

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) D. F. De Maria M. D.

(Address) Supt. K. Gen. Hosp. Kansas City, Mo.

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.

