

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

Do not use this space.

9103

APR 25 1934

1. PLACE OF DEATH

County Jackson Registration District No. 9
 Township 12 Primary Registration District No. 100
 City Kansas City (No. 9) K.C. Byrne at Hosp St. 11 Ward 1

File No. _____
 Registered No. 1300

2. FULL NAME

Aaron Friend
 (a) Residence, No. 906 W. 21st St. _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 22 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, OR DIVORCED** (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13 1895

7. AGE YEARS 38 MONTHS 7 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

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 Reeves Friend

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

15. MAIDEN NAME Mo. Mo.

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

17. INFORMANT Reverend Clerk
 (ADDRESS) Reverend Hosp 1200

18. BURIAL, CREMATION, OR REMOVAL Mauple Hill DATE 3-23-34

19. UNDERTAKER Orville + John
 (ADDRESS) _____

20. FILED Mo. 22 1934 Mo. Mo. Mo. Mo. Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 3-6 1934 to 3-21 1934

I last saw him alive on 3-21 1934 Death is said to have occurred on the date stated above, at 11:00 a.m.

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

Carcinoma of jaw
8-10-1934
115

Other contributory causes of importance:

Cerebral Thrombosis

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) J. H. Friend, M. D.
 (Address) Reverend Hosp

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.

12-29

