

APR 25 1934

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

Do not use this space.

9148

316

**1. PLACE OF DEATH**

County JACKSON Registration District No. 217  
 Township RAW Primary Registration District No. 1722  
 City KANSAS CITY (No. 4414) AGNES St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

**2. FULL NAME** HARRY CASE

(a) Residence, No. 4414 AGNES St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH-25, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1933, to Aug 25, 1934.  
 I last saw him alive on Aug 25, 1934. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL-18-1886

to have occurred on the date stated above, at 5:45 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
47 11 7

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FIREMAN  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. A-TY-SANTA FE RR  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 13

Epithelioma of Lips.

12. BIRTHPLACE (CITY OR TOWN) ST. CHARLES  
 (STATE OR COUNTRY) MISSOURI

Date of onset about 10 years ago

13. NAME JOSEPH CASE 8

Other contributory causes of importance:

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

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

15. MAIDEN NAME Unknown

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)

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

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT MRS. L. L. STUVER  
 (ADDRESS) 4414-AGNES AVE

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Monica DATE 3-28 1934

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

19. UNDERTAKER D.W. NEWCOMER'S SONS  
 (ADDRESS) KANSAS CITY, MISSOURI

If so, specify \_\_\_\_\_ (Signed) David J. King, M. D.

20. FILED 3-26, 1934 mm crone Registrar.

(Address) 627. Argyle Bldg

2:30.5 0.1

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

*March*

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

File No. 9148  
Registered No. 1346  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Jackson  
Township \_\_\_\_\_  
City Kansas (No. \_\_\_\_\_)

Registration District No. 399  
Primary Registration District No. 1002

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

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

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_

19. UNDERTAKER (ADDRESS)

20. FILED 3/26 1934 M. M. Carow Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-17-1933 to Mar 25, 1934

I last saw him alive on Mar 25, 1934. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Date of onset \_\_\_\_\_

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

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) Dr. Dean S. Peasey, M. D.

(Address) 602 Argyle

**SUPPLEMENTARY**

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Exact statement of OCCUPATION is very important. PHYSICIANS should state

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