

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.

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

Do not use this space.

MAY 25 1934

13004

1. PLACE OF DEATH

County Jackson
Township Kan
City Kan City (No. General Hospital)

Registration District No. 389
Primary Registration District No. 1005

File No. 1755
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 315 West 9 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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Pearl</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 7 - 1873</u>		
7. AGE	YEARS	MONTHS
	<u>61</u>	<u>1</u>
		DAYS
		<u>9</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>News man</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>(Blind)</u>	
	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)	<u>Kansas</u>	
MOTHER	13. NAME	<u>Unknown</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Kansas</u>
	15. MAIDEN NAME	<u>Unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Unknown</u>
17. INFORMANT (ADDRESS)	<u>Mrs Pearl Endsley</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Miss Mo.</u>	DATE <u>4-19-34</u>
19. UNDERTAKER (ADDRESS)	<u>W. B. Brown</u>	
20. FILED	<u>4-19-34</u>	<u>34th M. Brown</u> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY AND YEAR) April 16 1934

22. I HEREBY CERTIFY that I attended deceased from _____, 19____ to _____, 19____

I last saw him alive on _____, 19____. 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:
Stroke (Arteriosclerosis)
Fracture of the skull
Petechiae

Other contributory causes of importance:
None

Name of operation _____ Date of _____

What test confirmed diagnosis _____ Was there an autopsy _____

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide. State of injury _____

Where did injury occur _____ (Specify city or town, county, and state)

Specify whether injury occurred in a street, in home, or in public place _____

Manner of injury Stroke by street car

Nature of injury _____

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

If so, specify _____

(Signed) [Signature] M. D.

(Address) [Address]

30
2
2
31

