

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

Do not use this space.

13204

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Blue Primary Registration District No. 1992
City Leeds, Leads. Hospital (No. Hospital) St. Ward

File No. 6-2070
Registered No. 2070 St. Ward

2. FULL NAME

(a) Residence, No. 1008 Oak St. St. R.C.M. Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 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 (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 27-1877

7. AGE YEARS MONTHS DAYS 56 2 29 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Poultry Dresser
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0
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) Colker City, Kansas

FATHER 13. NAME Joseph Jennings

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

MOTHER 15. MAIDEN NAME Mary Smith

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT R. C. T. B. Hospital (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE 5-9-34

19. UNDERTAKER Quirk & Tolin (ADDRESS)

20. FILED 5-9 1934 mmmlawel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 18, 1933, to April 26, 1934

I last saw him alive on April 26, 1934. Death is said to have occurred on the date stated above, at 7:15 a.m.

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

Pulmonary Tbc.
23A
Other contributory causes of importance: M

Name of operation None Date of None

What test confirmed diagnosis? Sp. test 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 _____, 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 Paul C Platt (Signed) _____, M. D.

(Address) 925 High Blvd

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.

JUN 19 1934

