

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

Do not use this space.

16628

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township \_\_\_\_\_ Primary Registration District No. 1002  
 City Kansas City, Mo. (No. Wheatley Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Wheatley Hospital Ward. Platteburg, Mo.  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M. 4. COLOR OR RACE Negro 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) Nov. 9 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
4 8 5 24

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

13. NAME Chas. Taylor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo.

15. MAIDEN NAME Mellie Bailey

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

17. INFORMANT Walter Meller

18. BURIAL, CREMATION, OR REMOVAL PLACE Platteburg, Mo. DATE 5-4 1934

19. UNDERTAKER Walter Meller

20. FILED 5-3-34 Wm. L. Moore Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1934, to May 3, 1934. I last saw h. in alive on May 3, 1934. Death is said to have occurred on the date stated above, at 6:30 a.m.

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

Pericarditis with effusion  
71 a  
 700 Other contributory causes of importance:  
Sickle Cell Anemia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Lab. Exam. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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? no  
 If so, specify \_\_\_\_\_  
 (Signed) W. H. Bruce M.D.  
 (Address) 311 New Centre Bldg.

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 especially important.

Dr. Humbert  
P.O. Front New York City.