

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City, Mo. (No. 178)

Registration District No. 399
Primary Registration District No. 178 Charlotte

File No. 20432
Registered No. 2558
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1718 Charlotte 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 Female 4. COLOR OR RACE Caucasian 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Aug 27th

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 27 1922

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
11 9 13

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

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.

FATHER 13. NAME Paul Washington

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

MOTHER 15. MAIDEN NAME Myrtle Stevenson

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

17. INFORMANT Johnnie Stevenson

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill, Mo. DATE 6/12/34

19. UNDERTAKER (ADDRESS) West Appleton Ave

20. FILED 6-11-34 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10 1934

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

I last saw him/her 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:

Second and third degree burns Date of onset _____

180 130

Other contributory causes of importance: (House burned)

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 _____

Where did injury occur? 1718 Charlotte St (specify city or town, county, and State)

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

Manner of injury Burned in burning house

Nature of injury _____

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

If so, specify _____

(Signed) [Signature] M. D.

(Address) [Signature]

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.

