

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

Do not use this space.

20599

1. PLACE OF DEATH

County Jackson Registration District No. 88
 Township 1st Primary Registration District No. 1095
 City Kansas City (No. KC General Hosp) St. _____ Ward _____

File No. _____
 Registered No. 2636

2. FULL NAME

(a) Residence, No. 513 1/2 Main St. Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 62 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 | 1 | 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Murray

13. NAME John Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

15. MAIDEN NAME No record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT Reuben Clark
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Lead
PLACE DATE 6-22-34

19. UNDERTAKER Quirk & Tobin
(ADDRESS)

20. FILED 6-22-34 M. M. Brown
DATE REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-15 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-25 1934 to 6-15 1934
 I last saw him alive on 6-15 1934 Death is said to have occurred on the date stated above, at 9:45 a.m.
 The principal cause of death and related causes of importance were as follows:

Myocardial Infarction Date of onset _____

137
 Other contributory causes of importance: 137

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) [Signature] M. D.
 (Address) Gen'l Hosp. Spec. M.

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.

JUL 17 1934

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

27,8440
9220
7000
30000