

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

Do not use this space.

24419

3009

**1. PLACE OF DEATH**

County Ladson  
Township Grant  
City Kansas City (No. 12C General Hosp)

Registration District No. \_\_\_\_\_  
Primary Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 2315 Kelly St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 5 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 (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12, 1921

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>12</u>	<u>7</u>	<u>23</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School  
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) Ft. Worth Texas

13. NAME Went How

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

15. MAIDEN NAME Went How

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

17. INFORMANT (ADDRESS) Richard Clark 1221 W. 12th

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 7-7-34

19. UNDERTAKER (ADDRESS) Quinn & Tolbin

20. FILED 7-7 1934 Mon Crowe Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-5, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-2, 1934 to 7-5, 1934

I last saw him alive on 7-5, 1934 Death is said to have occurred on the date stated above, at 11:00 AM

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

Submeningeal Tuberculosis Date of onset \_\_\_\_\_

Other contributory causes of importance: 73

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 \_\_\_\_\_, 1934

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) Dr. De Maria, M. D.  
1221 W. 12th

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.

AUG 21 1934

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

