

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

Do not use this space.

SEP 20 1934

29422

**1. PLACE OF DEATH**

County Jackson Registration District No. 388  
 Township Ray Primary Registration District No. 7502  
 City Kansas City (No. 2929 Main Wellmo) St. Wellmo (Registered No. 38889)

**2. FULL NAME**

(a) Residence, No. 2929 Main St. Wellmo Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)  
 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 12, 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
1 0 1

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) Kansas City Missouri

13. NAME unknown

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

15. MAIDEN NAME Norothy Braun

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

17. INFORMANT D. S. Hankins, R.N. (ADDRESS) 2929 Main

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE Aug 14, 1934

19. UNDERTAKER Caylor Funeral Home (ADDRESS) 12 E. 2nd

20. FILED 8/16 19 34 M. M. 1934 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 12, 1934

22. I HEREBY CERTIFY That I attended deceased from August 12, 1934 to August 12, 1934  
 I last saw him alive on August 12, 1934 Death is said to have occurred on the date stated above, at 12:30 A.M.

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

Congenital Aneurysm of Right Ventricle.

Other contributory causes of importance:  
1570 1570

Name of operation 1570 Date of 1570  
 What test confirmed diagnosis? 1570 Was there an autopsy? yes

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) D. T. Van Del. M. D.  
 (Address) 2929 Main

D. Johnson: Pathologist St Joseph Hosp

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.

