

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

Do not use this space.

SEP 20 1934

29562

1. PLACE OF DEATH

County Jackson Registration District No. 399

Township Altamont Primary Registration District No. 1002

City Kansas City (No. 3660, Summitt) St. _____ Ward _____

File No. _____

Registered No. 3981

2. FULL NAME

(a) Residence, No. 3660 Summitt St. Ward _____

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. D. Holloway

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 3 - 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 6 22

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

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) BALDWIN (STATE OR COUNTRY) KANSAS

13. NAME WILLIAM M. BLACK

14. BIRTHPLACE (CITY OR TOWN) SUMMERSET (STATE OR COUNTRY) OHIO

15. MAIDEN NAME CATHERINE STEWART

16. BIRTHPLACE (CITY OR TOWN) BREMEN (STATE OR COUNTRY) OHIO

17. INFORMANT Richard B. Holloway (ADDRESS) 15801 Woodland

18. BURIAL, CREMATION, OR REMOVAL PLACE Baldwin DATE AUGUST 27, 1934

19. UNDERTAKER New Newcomers Sons (ADDRESS) 2111 29th St

20. FILED 9 27 34 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 25, 1934

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

I last saw him/her alive on _____, 19____. 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:

Bunch pneumonia Date of onset _____

101°

107°

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Albany Was there an autopsy? no

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 of 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.

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

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