

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

Do not use this space.

SEP 20 1934

**1. PLACE OF DEATH**

County JACKSON Registration District No. 399  
 Township KAW Primary Registration District No. 1002  
 City KANSAS CITY (No. 3041 - BALTIMORE) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 29602  
 Registered No. 6024  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** JOHN J JACK

(a) Residence, No. 3041 - BALTIMORE St., \_\_\_\_\_ Ward \_\_\_\_\_  
 (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 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) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MRS. DELLA M. JACK

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT-15-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
73 | 11 | 14

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

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) MISSOURI

13. NAME BEN JACK

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

15. MAIDEN NAME SARAH SHANGLE

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

17. INFORMANT MRS. DELLA M. JACK  
 (ADDRESS) 3041 - BALTIMORE AVE.

18. BURIAL, CREMATION, OR REMOVAL PLACE CREMATION DATE AUGUST-30-1934

19. UNDERTAKER D.W. NEWCOMER'S SONS  
 (ADDRESS) 2211 - EAST 9TH ST.

20. FILED 730, 19 34 M. Green Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUGUST-29-1934

22. I HEREBY CERTIFY, That I attended deceased from 8-20-34, to 8-29-34, 1934  
 I last saw him alive on 8-28-1934 Death is said to have occurred on the date stated above, at 12:45 P.M.

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

Ca of the tongue

Other contributory causes of importance senility

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 S. J. Conrad M. D.  
 (Signed) \_\_\_\_\_

(Address) 1314 Profess Bldg.

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.

WHITE PAPER WITH IMPROVING INK—THIS IS A PERMANENT RECORD

1314 Professional Bldg.

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