NOV 13 1934

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

Do not use this space.

36211

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township (Jackson) — Primary Registration District No. 1002 — Registered No. 4714

City Kansas City (No. K C General Hosp St. Ward)

2. FULL NAME Eugene Daniels

(a) Residence, No. 3030 Grand St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 51 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 Myrtle Daniels

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE — YEARS: 51 — MONTHS: — DAYS: — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

FATHER

13. NAME Joseph Daniels
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Record Clerk K C Gen Hosp KC Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood DATE Oct 26, 1934

19. UNDERTAKER (ADDRESS) Rose & Henderson 15th Jackson

20. FILED 10/25, 1934 M. M. Crowe Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-24, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-24, 1934 to 10-24, 1934

I last saw him alive on 10-24, 1934. Death is said to have occurred on the date stated above, at 6:10 PM

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

Intracranial Hemorrhage; Ruptured Meningeal artery

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) J H Jennett, M. D.

(Address) Supt K C Gen Hosp KC Mo

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

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.