

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

Do not use this space.

39345

DEC 18 1934

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kan City (No. St Lukes Hospital)

File No. 4848
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2903 Charlotte St., _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2 - 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 | 5 | - | _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bond Office
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 Albert Brider

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

15. MAIDEN NAME Nelda Ferguson

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

17. INFORMANT (ADDRESS) Mrs Albert Brider
2903 Charlotte

18. BURIAL, CREMATION, OR REMOVAL PLACE Excelsior Bks DATE Nov 5 34

19. UNDERTAKER (ADDRESS) H C Bergman

20. FILED Nov 5 1934 M. M. Kerone Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

Gun Shot Wound of Neck
10/1
M
Other contributory causes of importance: None

Name of operation None 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 suicide Date of injury _____, 19____
Where did injury occur? Kan City Mo
Specify whether injury occurred in industry, in home, or in public place. Industry, Bank Office
Manner of injury Point Shot
Nature of injury Wound of Neck

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____ (Signed) J Kerone, M. D.
(Address) 19 ans S mo

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.

WHILE EXACT, WITH OMPADING INK—THIS IS A PERMANENT RECORD

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