

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

Do not use this space.

42862

1. PLACE OF DEATH JAN 1 8 1935  
 County Jackson Registration District No. 399  
 Township Var. Primary Registration District No. 1002  
 City Kansas City (No. 3920 Hammond Place St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. \_\_\_\_\_  
 Registered No. 52080

2. FULL NAME Mr. Aaron D. Rountree  
 (a) Residence, No. 3920 Hammond Place St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 6 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. Elsie F. Rountree  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 28, 1882  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
52 10 9 6

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Miller  
 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) Appleton City, Mo.

FATHER  
 13. NAME Harry Rountree

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER  
 15. MAIDEN NAME Isabelle Lainey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Mrs. Elsie F. Rountree  
 (ADDRESS) 3920 Hammond Place

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Mt. Washington DATE Dec. 6 1934

19. UNDERTAKER Freeman Mortuary & Chapel  
 (ADDRESS) 104 W. 42nd Street

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

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 4 1934  
 22. I HEREBY CERTIFY, That I attended deceased from Sept. 30 1934, to Dec 4 1934  
 I last saw him alive on Dec 3 1934. Death is said to have occurred on the date stated above, at 5:15 A.M.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: None

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Usual 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 or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) E. B. [Signature] M. D.  
 (Address) 822 Argyle Bldg. N. C. 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.

Part 13 15 4  
a. g. 2 B. 1/2  
1-5 P. 10.