

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

Do not use this space.

JAN 18 1935

42886

1. PLACE OF DEATH

County Jackson Registration District No. 1002 File No. 399
Township Frank Primary Registration District No. 1002 Registered No. 7258
City Kansas City (No. 12) General Hosp St. 25 (Ward)

2. FULL NAME

(a) Residence, No. 608 Pennington St. 25 Ward. 25
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 3, 1934</u>		
7. AGE	YEARS	MONTHS
		<u>1</u>
		<u>3</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
<u>—</u>		<u>—</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
13. NAME <u>John Gould</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland</u>		
15. MAIDEN NAME <u>Emma Tansing</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
17. INFORMANT (ADDRESS) <u>David Clark</u> <u>1225 Gen Hosp</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Floral Hills</u> DATE <u>Dec 8</u> <u>1934</u>		
19. UNDERTAKER (ADDRESS) <u>Shelb Funeral Home</u> <u>6006 Deep Ave</u>		
20. FILED <u>12/17</u> 19 <u>34</u> <u>M. M. Crowe, asst.</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-6 . 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-6 1934 to 12-6 1934
I last saw him alive on 12-6 1934 Death is said to have occurred on the date stated above, at 8:25 PM
The principal cause of death and related causes of importance were as follows:
Bronchopneumonia Date of onset Primary
1934 1070
1612

Other contributory causes of importance:
Cerebral Edema

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. James, M. D.
(Address) Gen Hosp

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.

