

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.

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

Do not use this space.

JAN 18 1935

42930

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Blue wheels Station Registration District No. 1002
City Kansas City Mo (No. Lees) Hospital

File No. _____
Registered No. 5-13
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2016 East 24th St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Wegro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-24-1915

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
19 3 13

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. House man

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) Kansas City Missouri

13. NAME Walter Peck

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

15. MAIDEN NAME Amanda Atkins

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

17. INFORMANT (ADDRESS) Kansas City, J.B. Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Cemetery DATE 12-11-34

19. UNDERTAKER (ADDRESS) F. Lynn & Greenstreet, C.E. May

20. FILED 12/10 1934 M. M. Crow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-7-1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1934 to Dec. 7, 1934

I last saw him alive on Dec. 7, 1934 Death is said to have occurred on the date stated above, at 11:10 P.M.

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

Pulmonary Tuberculosis
Extensive Tuberculosis started Dec. 34
2 3 4
Other contributory causes of importance: 2 2

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? No.
If so, specify _____
(Signed) J. S. Hoffman, M. D.
(Address) K.C. 16th Street, Lees, Mo.

