

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.

JAN 1 8 1935

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Blue Primary Registration District No. 100  
City Kansas City Mo (No. Leeds Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

43074

File No. \_\_\_\_\_  
Registered No. 5159  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 1219 1/2 East 18th St. Ward: \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 7 mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr Bradford Conway

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
27 10 10 10 hrs.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Sedalia Mo

13. NAME Wright Roberts

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

15. MAIDEN NAME Hunter Family

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Leeds Cem DATE 12-20 1934

19. UNDERTAKER (ADDRESS) West. Repleton's

20. FILED 12/20 1934 M. M. Cronin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1st 1934

22. I HEREBY CERTIFY That I attended deceased from Aug 18 1934 to Dec 1 1934

I last saw h. & t. alive on Dec 1 1934 Death is said to have occurred on the date stated above, at 1:15 p.m.

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

Pulmonary tuberculosis Date of onset 1925

Other contributory causes of importance: none

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? chest x-ray 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) W. H. ... M. D.  
(Address) K. C. Tuberculosis Hospital  
Leeds, Mo

