

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

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Wesley Primary Registration District No. 1002
 City Kansas City (No. 326 Penn.)

File No. 43181
 Registered No. 1000
 St. 1000 Ward

2. FULL NAME

(a) Residence, No. 4326 Penn 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 <u>Fe</u>	4. COLOR OR RACE <u>Col.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Mar.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 22, 1871</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>1</u>
	DAYS <u>1</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. <u>At Home</u>	
	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) <u>Howard Ky. Mo.</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Sallie Rodgers</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Howard Ky. Mo.</u>	
17. INFORMANT <u>Mrs. Edna May</u> (ADDRESS) <u>4326 Penn</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Highland</u> DATE <u>12/27</u> 19 <u>34</u>		
19. UNDERTAKER <u>Watkins Bros</u> (ADDRESS) <u>1729 Lydia</u>		
20. FILED <u>12/27-34 M. J. Garrison</u> <u>Asst. Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/23 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1934 to Dec 23 1934
 I last saw him alive on Dec 23 1934 Death is said to have occurred on the date stated above, at 3 P. m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset day
62
62
 Other contributory causes of importance: arterio Sclerosis 5 yrs

Name of operation clinical Date of
 What test confirmed diagnosis? 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) J. H. Hays M. D.
 (Address) 901 Westport Ave

Haynes.