

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

Do not use this space.

FEB 9 1935

309

1213

1. PLACE OF DEATH

County Johnson
Township Kaw
City Kansas City (No. 906, MICHIGAN St., _____ Ward.)

Registration District No. _____
Primary Registration District No. 602

File No. _____
Registered No. 1213
St. _____ Ward)

2. FULL NAME

(a) Residence, No. 906 MICHIGAN 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>Male</u>	4. COLOR OR RACE <u>Caucasian</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>26 Feb 1913</u>		
7. AGE	YEARS	MONTHS
	<u>21</u>	<u>10</u>
		<u>12</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Suburban</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>Staggsville Mo</u>		
13. NAME <u>John E. Carter</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dover Mo.</u>		
15. MAIDEN NAME <u>Susie Brynes</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jefferson Co Mo</u>		
17. INFORMANT (ADDRESS) <u>David Carter 8109 1/2 E 18th St Kansas City Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Staggsville Mo</u> DATE <u>1/8</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>Asst. Dr. J. M. M. Crow east Staggsville Mo</u>		
20. FILED <u>1/8</u> 19 <u>35</u> <u>J. M. M. Crow east</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 13 1934, to Jan 8 1935.
I last saw him alive on Jan 6 1935. Death is said to have occurred on the date stated above, at 5:30 P.M.
The principal cause of death and related causes of importance were as follows:
Pulmonary T. B. 1/2
Date of onset _____

Other contributory causes of importance: _____

Name of operation none 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? no 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. Wallington, M. D.
(Address) Kansas City Mo

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.

