

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

Do not use this space.

5267

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township _____ Primary Registration District No. _____
 City Kansas City (No. 1905) 1905 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1905 East 3rd 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>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Mary Briney</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 3, 1886</u>		
7. AGE	YEARS	MONTHS
<u>48</u>	<u>2</u>	<u>0</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Waiter</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn</u>		
13. NAME <u>G. Briney</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn</u>		
15. MAIDEN NAME <u>Mary McDonald</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn</u>		
17. INFORMANT (ADDRESS) <u>Penn Gen Hosp</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Cremation - Elmwood</u> DATE <u>2/5</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>Quirk & Cabin</u> <u>20 West Lincoln</u>		
20. FILED <u>2/5</u> <u>M. M. Crowe</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-3 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-6 1934 to 2-3 1935
 I last saw him alive on 2-2 1935 Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Rectum Date of onset _____

Other contributory causes of importance: W

Name of operation Colestomy Date of 4-12-34
 What test confirmed diagnosis? _____ Was there an autopsy? W

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. J. [Signature], M. D.
 (Address) 1905 East 3rd St.

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.

