

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.

10-45

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

Do not use this space.

FEB 19 1935

3007

5324

1. PLACE OF DEATH

County Jackson Registration District No. 005  
Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
City Kansas City (No. General Hospital)

File No. \_\_\_\_\_  
Registered No. 515  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME William Rankin

(a) Residence, No. 812 St Paul St. \_\_\_\_\_ Ward. Kansas City, Kansas  
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-15-1900</u>		
7. AGE YEARS <u>34</u>	MONTHS <u>8</u>	DAYS <u>21</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Butcher</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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/6/35, 19

22. I HEREBY CERTIFY that I attended deceased from \_\_\_\_\_, 19\_\_\_\_.

I last saw him live on \_\_\_\_\_, 19\_\_\_\_. 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:  
Central Nervous system Date of onset \_\_\_\_\_

Other contributory causes of importance: no

12. BIRTHPLACE (CITY OR TOWN) Kansas City  
(STATE OR COUNTRY) Kansas

13. NAME William Rankin

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

15. MAIDEN NAME Hattie Schramm

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

17. INFORMANT Mrs Hattie Rankin  
(ADDRESS) 812 St Paul

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Forest Hill DATE 2-8, 1935

19. UNDERTAKER Kaplan Bros  
(ADDRESS) 1114

20. FILED 18, 1935 M. M. Crowne  
Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Culpa Was there an autopsy? yes

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 of (in) the \_\_\_\_\_ any date to occupation of deceased?  
If so, specify \_\_\_\_\_  
(Signed) [Signature], M. D.  
(Address) [Signature]

