

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.

16-215

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

Do not use this space.

APR 26 1935

1. PLACE OF DEATH

County Jackson Registration District No. 099
Township 3 Primary Registration District No. 1002
City Kansas City No. General Hospital

File No. 9245
Registered No. 1105
St. 1105 (Ward)

2. FULL NAME

(a) Residence, No. 2227 Poplar St., 1105 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>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widower</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-11-1885</u>		
7. AGE YEARS <u>49</u>	MONTHS <u>8</u>	DAYS <u>9</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Stewart General</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Hospital</u>		
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>Clarksburg, Mo</u>		
13. NAME <u>Alfred Alexander</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clarksburg, Mo</u>		
15. MAIDEN NAME <u>Catherine Kinney</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Paris, Ky</u>		
17. INFORMANT <u>V. R. Alexander</u> (ADDRESS) <u>2227 Poplar</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lepton, Mo</u> DATE <u>3/19/35</u>		
19. UNDERTAKER (ADDRESS) <u>B. V. MAST FUNERAL HOME, Inc.</u> <u>3146 Main St</u>		
20. FILED <u>3-20-35</u> <u>M. M. Crowe</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/18/35, 19

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____.
I last saw him at home, 19____. Death is said to have occurred on the date stated above, at 10:30 P.M.
The principal cause of death and related causes of importance were as follows:
Acute Cerebral Olema
8202
Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Epilepsy Was there an autopsy? Yes

23. If death was due to external cause (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) Russell W. Jensen, M. D.
(Address) Kansas City, Mo

