

MAY 24 1935

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

Do not use this space.

13089

## 1. PLACE OF DEATH

County Jackson  
Township Kaw  
City K.C. Mo

Registration District No. 399  
Primary Registration District No. 1002  
(No. MERCY HOSPITAL)

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

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. 7 ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. Lee Summit Mo.  
(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

|  |  |  |
|--|--|--|
| 3. SEX<br><u>male</u>  | 4. COLOR OR RACE<br><u>White</u>   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____ |  |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 29-1935</u>         |  |  |
| 7. AGE   | YEARS<br><u>2</u>  | MONTHS<br><u>5</u>   |
|  | DAYS<br><u>2</u>   | If LESS than 1 day, _____ hrs. or _____ min.                               |
| OCCUPATION   | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Infant</u> |  |
|  | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.<br>_____                  |  |
|  | 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)

|        |   |
|--------|---|
| FATHER | 13. NAME<br><u>HARRY STALEY</u>                           |
|        | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br>_____ |
| MOTHER | 15. MAIDEN NAME<br><u>Francis</u>                         |
|        | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br>_____ |

|   |
|---|
| 17. INFORMANT (ADDRESS)<br><u>HARVEY STALEY</u><br><u>LEE'S SUMMIT, MO.</u>                           |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>LONE JACK MO</u> DATE <u>4-28</u> <u>35</u><br>19       |
| 19. UNDERTAKER (ADDRESS)<br><u>W.B. Langsford</u><br><u>LEE'S SUMMIT, MO.</u>                         |
| 20. FILED <u>4-27</u> 19 <u>35</u> <u>am</u> <u>am</u> <u>cr</u> <u>ave</u><br><u>asst</u> Registrar. |

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-27 1935  
22. I HEREBY CERTIFY, That I attended deceased from 10-20 1935 to 4-27 1935  
I last saw him alive on 4-27 1935 Death is said to have occurred on the date stated above, at 6:30 P.M.  
The principal cause of death and related causes of importance were as follows:

Streptococci Faryngitis Date of onset 4-24-35  
Broncho Pneumonia 4-25-35  
Other contributory causes of importance:  
Rickets 1070

Name of operation Tracheotomy Date of 4-25-35  
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) C. B. Francis, M. D.  
(Address) Argyle Building (623)  
Gas City Mo.

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.

