

JUN 24 1935

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

Do not use this space.

16440

1. PLACE OF DEATH

County Jackson Registration District No. 398
Township Jackson Primary Registration District No. 1002
City Kansas City (No. 2C General Hosp) St. 2037 Ward

2. FULL NAME

(a) Residence, No. W. E. Davis Ward.
(Usual place of abode) 1211 Bennington (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14 1880

7. AGE YEARS 55 MONTHS 11 DAYS 23 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Mo

13. NAME Chas Ink

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

15. MAIDEN NAME Susie Ross

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

17. INFORMANT (ADDRESS) Reverend Clerk 2C Gen Hosp KC Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wassell Ing DATE May 9 1935

19. UNDERTAKER (ADDRESS) G. Butler & Son Kansas City Kan

20. FILED 5-8 1935 M. M. Crowe cash Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-9 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-26 1935, to 5-9 1935

I last saw him alive on 5-7 1935 Death is said

to have occurred on the date stated above, at 6:22 PM

The principal cause of death and related causes of importance were as follows:

Carcinoma of esophagus with metastases

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? 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 or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. [Signature] M. D.

(Address) 2C General Hosp KC

WHITE 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.

