

1 JUL 2 2 1935

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Jackson
City Kan City

Registration District No. 398
Primary Registration District No. 1302
(No. Urban High)

File No. 19769
Registered No. 2511
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 548 Main St., _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE <u>about 45</u>	YEARS	MONTHS
		DAYS
	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labor.</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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
MOTHER FATHER	13. NAME <u>✓ ✓</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>✓ ✓</u>	
	15. MAIDEN NAME <u>✓ ✓</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>✓ ✓</u>	
17. INFORMANT (ADDRESS) <u>Coroner's Office</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenlawn</u> DATE <u>6/17 35</u>		
19. UNDERTAKER (ADDRESS) <u>Hilbergman</u>		
20. FILED <u>6-12 1935</u> <u>M. M. Crowe</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9 35

22. I HEREBY CERTIFY That I attended deceased from _____ 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 10 P.M.

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

Date of onset _____

Other contributory causes of importance:
W O

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) _____, M. D.
(Address) _____

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.

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