

JUL 2 2 1935

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

Do not use this space.

19978

1. PLACE OF DEATH

County Jackson Registration District No. 376 File No. \_\_\_\_\_  
Township Jaw Primary Registration District No. 100 Registered No. 2000  
City Kansas City (No. Menorah Hospital) St. Ward

2. FULL NAME

(a) Residence, No. 1707 Summit St. \_\_\_\_\_ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write one word) Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 31 - 1881  
7. AGE YEARS 53 MONTHS 9 DAYS 27 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman  
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) Wisconsin (STATE OR COUNTRY)

13. NAME George Johnson

14. BIRTHPLACE (CITY OR TOWN) W. I. (STATE OR COUNTRY)

15. MAIDEN NAME Mary Wallace

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

17. INFORMANT Charles Meyer (ADDRESS) 1277 Rowlands St. Kansas City

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE 6/29/35

19. UNDERTAKER J. J. Donnell (ADDRESS) 3556 Broadway

20. FILED 9/28, 1935 m. m. Coram Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-22, 1935, to 6-27, 1935

I last saw h em alive on 6-27, 1935 Death is said to have occurred on the date stated above, at \_\_\_\_\_

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

Date of onset

Broncho-pneumonia 10 days

Other contributory causes of importance:

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? autopsy 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) A. Morris Gustafson, M. D.

(Address) 724 1/2 St. W.

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.

172  
221

