

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.

AUG 28 1935 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

23203

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Jean Primary Registration District No. 1002
City Kansas City (No. 7-C General Hosp) St. Mo. Ward

File No. 23203
Registered No. 23203

2. FULL NAME

Sam Small
(a) Residence, No. 610 W. Winner Blvd. 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>Jan 5 1906</u>		
7. AGE	YEARS <u>29</u>	MONTHS <u>6</u>
	DAYS <u>18</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-23 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-10 1935 to 7-23 1935; I last saw him alive on 7-23 1935 Death is said to have occurred on the date stated above, at 3:15 AM

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

Nephrolithiasis;
Ascending Pyelonephritis
acute;
Acute Cystitis. 12/40

Other contributory causes of importance:
Hypostatic Bronchitis
Pneumonia

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jenn Tenn

FATHER

13. NAME Omar Small

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

MOTHER

15. MAIDEN NAME Lena Knight

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

17. INFORMANT Rebecca Clark
(ADDRESS) 7-C Gen Hosp KCM

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Smith Ch. DATE 7-23-35

19. UNDERTAKER Peter B. Fogel's
(ADDRESS) 536 Campbell St

20. FILED 7/23 1935 M. M. Brown
Registrar.

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) [Signature] M. D.
(Address) 7-C Gen Hosp KCM

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