

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

Do not use this space.

OCT 22 1935

29558

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Jean Primary Registration District No. 1002
 City Kansas City (No. KC Gen Hosp) St. _____ Ward _____

File No. _____
 Registered No. 3565
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1607 Garlow KCMO 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-11-35
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 7

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-11-1935
 22. I HEREBY CERTIFY, That I attended deceased from 9-11-1935, to 9-11-1935
 I last saw him alive on 9-11-1935. Death is said to have occurred on the date stated above, at 10:55 PM
 The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
 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 _____

Prematurity
 Date of onset _____
 Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) KC (STATE OR COUNTRY) Mo
 13. NAME L.M. Myer
 14. BIRTHPLACE (CITY OR TOWN) ? Unknown (STATE OR COUNTRY) _____
 15. MAIDEN NAME Peggy Louise Alford
 16. BIRTHPLACE (CITY OR TOWN) KC (STATE OR COUNTRY) Mo

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 _____

17. INFORMANT Reina Clark (ADDRESS) KC Gen Hosp
 18. BURIAL, CREMATION, OR REMOVAL PLACE St Mary's DATE 9/13 1935
 19. UNDERTAKER John B. Johnson (ADDRESS) _____
 20. FILED Sept 13 1935 M.M. Corone Registrar.

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) J.H. Bennett M.D. M. D.
 (Address) KC Gen Hosp

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.

