

OCT 17 1935

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

Do not use this space.

29597

## 1. PLACE OF DEATH

County JacksonRegistration District No. 358

Township

Primary Registration District No. 3002City Kansas City (No. 719 W.16th.)

File No.

Registered No. 3002

St.

Ward)

## 2. FULL NAME

(a) Residence, No. 719 W.16th. 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 the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24 1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
24 1 22

OCCUPATION  
8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Plumbers helper  
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) Alabama13. NAME Fred S. Hill14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama15. MAIDEN NAME Alice R. Knox16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama17. INFORMANT Mrs. Alice Hill (ADDRESS) 719 W.16th.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Forest Hill DATE Sept. 17 19 3519. UNDERTAKER Gates Funeral Home (ADDRESS) K.C. Kansas.20. FILED Sept. 17, 1935 M. M. Brown Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from

Aug. 30, 1935, to Sept. 16, 1935I last saw him alive on Sept. 15, 1935, 1935. Death is saidto have occurred on the date stated above, at 8:15 a.m.

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

Sub-acute bacterial endocarditis, congestive following severe case of influenza July 4, 1935

Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1935

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) Edwin C. Casper, M. D.(Address) 1722 W. 39th, K.C., Mo.

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.

