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.

OCT 2 2 1935

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

Do not use this space.

29645

1. PLACE OF DEATH
County Jackson — Registration District No. [illegible] — File No. 3259
Township Haw — Primary Registration District No. [illegible] — Registered No.
City Kansas City (No. General Hospital St. Ward)

2. FULL NAME Joseph B. Trail
(a) Residence, No. 6511 Roberts St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Bryant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-5-1881
7. AGE 27 — YEARS 54 — MONTHS 5 — DAYS 15 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Maryland

FATHER
13. NAME Nathan Trail
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

MOTHER
15. MAIDEN NAME no record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

17. INFORMANT (ADDRESS) Anna Trail 6511 Roberts
18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Lawns DATE 9-23 1935
19. UNDERTAKER (ADDRESS) Steil Funeral Home 6606 Independence
20. FILED 9-21 1935 M M Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sep #9, 1935, to Sep 20, 1935
I last saw him alive on Sep 20, 1935. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Tuberculosis	
23	

Other contributory causes of importance:
Chr Nephritis

Name of operation ..... 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) Russell W Kerr, M. D.
(Address) KC Mo.