

OCT 22 1935

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

Do not use this space.

29678

## 1. PLACE OF DEATH

County Jackson Registration District No. 330  
Township East Primary Registration District No. 209  
City Kansas City, Mo. (No. Fluence Home For Colored Girls) Ward

## 2. FULL NAME

(a) Residence, No. Fluence Home St. Byrd 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>Negro</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>Aug 9, 1935</u>		
7. AGE	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	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) <u>Mo.</u>		
FATHER	13. NAME <u>Thomas Salesman</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Ruth Byrd</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alabama</u>	
17. INFORMANT (ADDRESS) <u>Ruth Byrd</u> <u>2228 Campbell</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Leeds Mo</u> DATE <u>Sept 25 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Walt Whitaker &amp; Sons</u> <u>71600 E 119th</u>		
20. FILED <u>9/24-1935</u> <u>Wm. Crow</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Sept. 6, 1935</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 9, 1935</u> to <u>Sept 6, 1935</u> I last saw him alive on <u>Sept 6, 1935</u> . Death is said to have occurred on the date stated above, at <u>6:20 a.m.</u> The principal cause of death and related causes of importance were as follows: <u>Premature</u> Date of onset
Other contributory causes of importance:
Name of operation <u>Res. Exam.</u> Date of
What test confirmed diagnosis <u>Res. Exam.</u> Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <input checked="" type="checkbox"/> Date of injury <u>Sept 6, 1935</u> 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 <input checked="" type="checkbox"/>
Nature of injury <input checked="" type="checkbox"/>
24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>L. W. Booker</u> (Signed) <u>L. W. Booker</u> , M. D. (Address) <u>2028 Vine St.</u>

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.

