

JAN 23 1936

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

Do not use this space.

39455

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Yrean Primary Registration District No. 1002
City Kansas City (No. 1002) K. C. Gen. Hosp

File No.
Registered No. 1535
St. Ward)

2. FULL NAME

(a) Residence, No. 2525 Jackson 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. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) 11-29-35

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 2

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo.

13. NAME Gerald G. Tree

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

15. MAIDEN NAME Melba Perry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calif.

17. INFORMANT (ADDRESS) Deceased Clerk K. C. Gen. Hosp. K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Open Lawn DATE 12-3, 1935

19. UNDERTAKER (ADDRESS) Mrs. C. R. Foster 183 Broadway

20. FILED 12/2 1935 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-1, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-29, 1935, to 12-1, 1935
I last saw him alive on 12-1, 1935 Death is said to have occurred on the date stated above, at 7:32 P.M.
The principal cause of death and related causes of importance were as follows:

Septorial Tear; Cerebral hemorrhage
Date of onset

Other contributory causes of importance:
1008

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) W. C. Stanley M. D.
(Address) General Hospital Night Shift

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.

