

JAN 23 1936

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

Do not use this space.

39482

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kanaw Primary Registration District No. 1002
City Kansas City (No. 724) Campbell St. _____ Ward _____

File No. _____
Registered No. 4617
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 724 Campbell St., _____ Ward _____

(Usual place of abode) _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 15 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
42 8 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
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) Berger, Mo.

13. NAME Robert Duncan

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Ether Duncan Reed, dau.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE 12-5 1935

19. UNDERTAKER (ADDRESS) Adkins Bros
2000 E. 12th

20. FILED 195 1935 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/1/35 1935

22. I Amuly Crum hereby certify that I attended deceased from _____ 1935

I last saw h. _____ alive on _____ 1935 Death is said to have occurred on the date stated above, at 1:55P m.

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

Multiple incised wounds of the chest.
Amputation

Other contributory causes of importance: W 174

Name of operation _____ Date 1935
What test confirmed diagnosis _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Date of injury 12/1/35

Where did injury occur? 724 Campbell Kansas
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury cut with sharp instrument
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) [Signature] M. D.
(Address) [Address]

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.

WHITE PERMIT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

