

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.

JAN 23 1936

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

Do not use this space.

39677

1. PLACE OF DEATH

County Jackson

Registration District No. 16774

Township Bellevue

Primary Registration District No. 16774

City Leeds Station (No. T.B. Hoop)

File No. 5877

Registered No. 39677

City Kan. City

Ward 10th

2. FULL NAME

(a) Residence, No. 1209 Terre-Mo. Ward. 10th
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 28 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 ?

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-30-1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
28 11 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Mo.

MOTHER 13. NAME Wright - James

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

15. MAIDEN NAME Morris - Malinda

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

17. INFORMANT R. C. T. B. Hoop
(ADDRESS) Leeds Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bonne Terre DATE Dec. 20 1935

19. UNDERTAKER Peter B. Lapetina
(ADDRESS) 1536 Campbell

20. FILED 12/20 1935 M. M. Crowe, cash
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 11 35 to Dec 19 35, 1935
I last saw her alive on Dec 19 35 Death is said to have occurred on the date stated above, at 5:30 A.M.

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

Pulmonary tuberculosis Date of onset Mo.
Other contributory causes of importance: None

Name of operation Thoroplasty Date of 1-7-1935
What test confirmed diagnosis? Sp. test 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? No
If so, specify
(Signed) J. Hoffmann M. D.
(Address) Leeds, Mo.

