

JAN 23 1936

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

Do not use this space.

39817

1. PLACE OF DEATH

County Jackson
Township St. Louis
City Kansas City (No. 1412 E. 19th)

Registration District No. 399
Primary Registration District No. 1012

File No.
Registered No. 45001
St. Ward)

2. FULL NAME

(a) Residence, No. 1412 E. 19th 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>Col.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unk. 1874</u>		
7. AGE	YEARS	MONTHS
	<u>61</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
<u>At Home</u>		
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>		
13. NAME <u>Unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unk.</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unk.</u>		
17. INFORMANT <u>Marion Ward</u> (ADDRESS) <u>1412 E. 19th</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Highland</u> DATE <u>12/30/35</u>		
19. UNDERTAKER (ADDRESS) <u>Watkins Bros</u> <u>1714 Lydia</u>		
20. FILED <u>Dec 30 1935</u> M. J. Brown Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/25/35 19

22. I HEREBY CERTIFY that the deceased from 12/25/35 to 12/25/35, 19.....
I last saw him alive on 12/25/35, 19..... Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:
ruptured abdominal aneurysm
retroperitoneal hemorrhage
Other contributory causes of importance:
no
Name of operation no Date no
What test confirmed diagnosis? no Was there an autopsy? yes
23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no, 19.....
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury no
Nature of injury no
24. Was disease of injury in any way related to occupation of deceased?
If so, specify no
(Signed) W. J. Kelly, M. D.
(Address) Kelly

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.

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