

33 1936

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

Do not use this space.

39889

1. PLACE OF DEATH

County Jackson
Township Roll
City Kansas City, Mo (No. 374)

Registration District No. 399
Primary Registration District No. 1002

File No.
Registered No. 5036
St. Ward)

2. FULL NAME

(a) Residence, No. 3628 Jeffing 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>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 5, 1896</u>		
7. AGE	YEARS <u>39</u>	MONTHS <u>10</u>
	DAYS <u>18</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labourer</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)	11. Total time (years) spent in this occupation
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lee</u>	
	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	17. INFORMANT <u>Lulla Kennedy</u> (ADDRESS) <u>5611 East 58th St</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Blue Ridge Cem</u> DATE <u>Jan 9 1936</u>		
19. UNDERTAKER <u>Shelton Funeral Home</u> (ADDRESS) <u>1409 East 12 St</u>		
20. FILED <u>12/31</u> 19. <u>31 m. m. Crowe</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY that I attended deceased from 1935 to 1935, 19....., 19.....
I last saw him alive on 10/30 19..... Death is said to have occurred on the date stated above, 10/30.

The principal cause of death and related causes of importance were as follows:
Cerebral Occlusion (Stroke)
Chronic Fibrous Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation Autopsy Date of Jan 9 1936
What test confirmed diagnosis? Autopsy 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 of injury in any way related to occupation of deceased?
If so, specify

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

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.

