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.

FEB 20 1936

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

Do not use this space.

1306

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township ~~Kan~~ — Primary Registration District No. 1002 — Registered No. 159

City K.C.MO. (No. 1810 E 12th St. St. Ward)

2. FULL NAME James Monroe Workcuff

(a) Residence, No. 1810 E 12th St St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
4. COLOR OR RACE: Col
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) March 12th 1864

7. AGE: YEARS 71 — MONTHS 9 — DAYS 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

FATHER

13. NAME Stephney Workcuff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dover Mo

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Roy Workcuff 2427 Forest Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland Cem DATE 1-11-36, 19

19. UNDERTAKER (ADDRESS) H.B.Moore 1820 E. 18th St

20. FILED Jan 10, 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/9/36, 19

22. I HEREBY CERTIFY That I attended deceased from Deputy Crowe, 19, to, 19

I last saw h alive on 5-30 P 19 Death is said to have occurred on the date stated above, at m.

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

Chronic hypertensive myocarditis

Date of onset

Other contributory causes of importance:

No

Name of operation Autopsy Date of

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, 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) [signature], M. D.

(Address) [signature]