

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.

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

Do not use this space.

MAR 21 1936

1. PLACE OF DEATH

County Jackson
Township Reynolds
City Kansas City

Registration District No. 399

Primary Registration District No. 1002

File No. 5781

Registered No. 574

St. Independence Ward

2. FULL NAME

(a) Residence, No. 1804 ash ave, St. Independence
(Usual place of abode)

Length of residence in city or town where death occurred 26 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 wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lena Bingham
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12-1884
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
52 1 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Purity Cereal Co
10. Date deceased last worked at this occupation (month and year) FEBRUARY 1936
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arrow Rock Mo

13. NAME George S Bingham

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

15. MAIDEN NAME Margaret Huft

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

17. INFORMANT (ADDRESS) John Eastham 3915 Brooklyn

18. BURIAL, CREMATION, OR REMOVAL PLACE Arrow Rock Mo DATE Feb-5-1936

19. UNDERTAKER (ADDRESS) Whitcomb Bros Kansas City Mo

20. FILED 74 1936 M. M. Brown

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-3-1936

22. I Agnes Brown attest that deceased from 19 to 19

I last saw 20th alive on 19 Death is said

to have occurred on the date stated above, 20th m.

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

Typhoid Poisoning

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Other contributory causes of importance:

Name of operation Autopsy Date of yes

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 2/3/36

Where did injury occur? 1804 ash ave (Specify city or town, county, and State)

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

Manner of injury Drunk Typhoid

Nature of injury Drunk Typhoid

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Drunk Typhoid

(Signed) Dr. J. W. Brown M. D.

(Address) Arrow Rock Mo

