

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

Do not use this space.

5945

**MAR 21 1936**

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 1005  
 City Kansas City (No. 1208, 16, 23rd)

File No. ....  
 Registered No. 757 St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 1208, 16, 23rd St., ..... Ward.

(Usual place of abode) 1208 (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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unk, 1867</u>		
7. AGE. YEARS <u>68</u>	MONTHS	DAYS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation
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>Odessa Missouri</u>		
13. NAME <u>Daniel Wade</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
15. MAIDEN NAME <u>Rhonia Douglas</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
17. INFORMANT <u>J. H. Mc Guin</u> (ADDRESS) <u>1208 16 23rd</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Highland</u> DATE <u>2/17</u> 19 <u>36</u>		
19. UNDERTAKER <u>Starkins Bros</u> (ADDRESS) <u>1729 Wyand</u>		
20. FILED <u>12</u> 19 <u>36</u> <u>M. M. Brown</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/9 1936

22. I HEREBY CERTIFY That I attended deceased from Jan 23 1936 to Feb 9 1936  
 I last saw him alive on Feb 8 1936 Death is said to have occurred on the date stated above, at 11:20 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Hepatitis (chronic) (Date of onset DK.)  
Open ulcers (stomach)  
 Other contributory causes of importance:  
Julian Henry Edman  
 Name of operation None Date of .....  
 What test confirmed diagnosis? clinical Was there an autopsy? No

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 None

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify .....  
 (Signed) Thos. J. Jones, M. D.  
 (Address) 1612 E 12th

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.

