

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

6220

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township 1 East Primary Registration District No. 1002
City K. C. Mo. (No. General Hospital #2) St. _____ Ward _____

File No. _____
Registered No. 1003

2. FULL NAME

(a) Residence, No. 1320 Lydia 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 Male 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Mrs Melva White

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 4, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 11 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel
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) Alabama

13. NAME Joseph White

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

15. MAIDEN NAME Dont know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

17. INFORMANT Mrs Melva White

18. BURIAL, CREMATION, OR REMOVAL PLACE Lincoln Mt DATE 2/26 1936

19. UNDERTAKER Hest Appleton James

20. FILED 2261 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 23^d 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw _____ on _____, 19____. Death is said to have occurred on the date stated above, at 5:15 A.M.. The principal cause of death and related causes of importance were as follows:

Cancer of Rectum
46
Other contributory causes of importance: _____

Name of operation _____ Date of _____
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 or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Lewan P. Richardson M. D.
(Address) 1832 7th Ave

