

MAR 20 1936

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

Do not use this space.

6350

1. PLACE OF DEATH

County Jackson
Township B. ROCKING
City Kansas City Mo.

Registration District No. 402
Primary Registration District No. 5557
(No. Municipal Farm.)

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Louis Timmons
416 1/2 Main St.

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Unknown

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-2-36 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

22. HERRY BERTIN that I attended deceased from _____, 19____
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above at 9.30 A.M.
The principal cause of death and related causes of importance were as follows:
Tobacco pneumonia

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 34 UNKNOWN

Date of onset _____

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Do not know
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 _____

Other contributory causes of importance: 108

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

MOTHER FATHER
13. NAME Do not know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT Mrs. C. E. Mann
(ADDRESS) West Lafayette Mo

Name of operation _____ Date _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

18. BURIAL, CREMATION, OR REMOVAL: PLACE West Lafayette Mo DATE 3/6 1936

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

19. UNDERTAKER V. MAST FUNERAL HOME, Inc.
(ADDRESS) 3146 Main St.

Manner of injury _____
Nature of injury _____

20. FILED 2-7 1936 W. W. Gable M.D.
Registrar.

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____
(Signed) [Signature], M. D.
(Address) _____

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N.B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

