

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

Do not use this space.

*JUL 24 1936*  
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22910

**1. PLACE OF DEATH**

County *Jackson*  
Township *Kaw*  
City *Kansas City, Mo.* (No. *General Hospital # 2*)

Registration District No. *1002*  
Primary Registration District No. *1002*

File No. *22910*  
Registered No. *2819*  
St. *2819* (Ward)

**2. FULL NAME**

(a) Residence, No. *1617 Euclid* St., \_\_\_\_\_ Ward.

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH** *3<sup>30</sup> P.M.*

|  |   |   |
|--|---|---|
| 3. SEX<br><i>Male</i>  | 4. COLOR OR RACE<br><i>Negro</i>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF |   |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)                      |   |   |
| 7. AGE   | YEARS   | MONTHS  |
|  | <i>42</i>   |   |
|  |   | DAYS  |
|  |   | If LESS than 1 day, _____ hrs. or _____ min.              |
| OCCUPATION   | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | <i>Laborer</i>  |
|  | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.          | <i>W.P.A.</i>   |
|  | 10. Date deceased last worked at this occupation (month and year)                           | 11. Total time (years) spent in this occupation           |
| FATHER   | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  |   |
|  | <i>Miss</i>   |   |
|  | 13. NAME  |   |
|  | <i>Don't know</i>   |   |
| MOTHER   | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  |   |
|  | <i>Don't know</i>   |   |
|  | 15. MAIDEN NAME   |   |
|  | <i>Don't know</i>   |   |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)             |   |   |
| <i>Don't know</i>  |   |   |
| 17. INFORMANT (ADDRESS)                                      |   |   |
| <i>Galdie Neal 1617 Euclid</i>                               |   |   |
| 18. BURIAL, CREMATION, OR REMOVAL (ADDRESS)                  |   |   |
| <i>Blessed Ridge Lawn KC Mo 6-15-36</i>                      |   |   |
| 19. UNDERTAKER (ADDRESS)                                     |   |   |
| <i>Wagner &amp; Greenstreet KC Mo</i>                        |   |   |
| 20. FILED <i>6-12-36</i> <i>M. M. Crowe</i> Registrar.       |   |   |

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6-3-36*

22. I HEREBY CERTIFY that I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 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:

*stab wound of chest*

Other contributory causes of importance:

*1st heart attack*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis \_\_\_\_\_ 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 \_\_\_\_\_

Where did injury occur? *1702 3rd St. Kansas City, Mo.*

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

Manner of injury *struck in chest*

Nature of injury \_\_\_\_\_

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

If so, specify \_\_\_\_\_

(Signed) *[Signature]*, M. D.

(Address) \_\_\_\_\_

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.

