

AUG 24 1936

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

Do not use this space.

28897

1. PLACE OF DEATH

County T Jackson Registration District No. _____Township Kan Primary Registration District No. _____City Kansas City Mo (No. 1416) Main St. _____ Ward _____

File No. _____

Registered No. 3559

2. FULL NAME

(a) Residence, No. 804 Elliot St. _____ Ward _____
(Usual place of abode)

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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 11 - 19087. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs or min
28 | 6 | 158. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Okla13. NAME Chas. Bani14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayetteville Ark15. MAIDEN NAME Nora Barnett16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo, Springfield17. INFORMANT (Mother) Nora Bani
(ADDRESS) 1214 Cherry

18. BURIAL, CREMATION, OR REMOVAL

PLACE Floral Hills DATE 7/10 193619. UNDERTAKER Crunk & Tobin
(ADDRESS) _____20. FILED July 30 1936 M. M. Crowe, cash.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/26/3622. I HEREBY CERTIFY that deceased from Asphyxiation _____
_____ 1936 to _____ 1936I last saw him alive on 7/25/36 1936 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:

Anterior of the scap
Subarachnoid hemorrhage
of the brain

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis _____ Was there an autopsy? _____

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 141 Main St. Kan
(Specify city, town, county, and state)

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

Manner of injury Pushed against street car
Nature of injury _____24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____(Signed) [Signature] _____, M. D.(Address) [Signature] _____

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.

RECORD

