

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.

SEP 29 1936

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

Do not use this space.

30836

1. PLACE OF DEATH

County Jackson  
Township Kaw  
City Kansas City (No. General Hospital)

Registration District No. 399  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 2630  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME James Courtney

(a) Residence, No. 1625 Jackson 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26 1897

7. AGE YEARS 39 MONTHS 3 DAYS 8 Day If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Okla oil Co.  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 1 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Kansas

13. NAME John Courtney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo Carolina

15. MAIDEN NAME Liebi Louelass

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

17. INFORMANT Mona Broughan (ADDRESS) R-7-10-4 15-C-1-C

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park 8-7-36 1936

19. UNDERTAKER Edwards Bros (ADDRESS) 1416 Main St.

20. FILED Aug 6 1936 M. M. Corwin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/4/36 19

22. I HEREBY CERTIFY, 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 \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Gunshot wound of the head. Date of onset \_\_\_\_\_

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 \_\_\_\_\_ 19

Where did injury occur? 1625 Jackson (Specify city or town, county, and State)

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

Manner of injury Home by firearm

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

24. Was disease or injury ever related to occupation of deceased? \_\_\_\_\_

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

(Signed) \_\_\_\_\_, M. D.

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

