

SEP 29 1936

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

Do not use this space.

30919

1. PLACE OF DEATH

County Jackson Registration District No. _____

Township Kaw Primary Registration District No. _____

City Kansas City No. 1114 Garfield

File No. _____

Registered No. 3817

St. 3817 Ward _____

2. FULL NAME

(a) Residence, No. 1114 Garfield St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-25-1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
52 7 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Park Dept (City)

10. Date deceased last worked at this occupation (month and year) 8-4-36 11. Total time (years) spent in this occupation 7 yrs. 4 mos. 36 ds.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Little Rock Ark.

13. NAME Unknown

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

15. MAIDEN NAME Sopronia

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

17. INFORMANT (ADDRESS) Carrie Chaney
1114 Garfield

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE 8-13 1936

19. UNDERTAKER (ADDRESS) Adkins Prop.
2000 E. 12th

20. FILED 8/12 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-8-1936

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____
I last saw him Deputy Coroner Death is said to have occurred on the date stated above, at 10:45 P.M.
The principal cause of death and related causes of importance were as follows:

Tubercular Peritonitis
Other contributory causes of importance: 25

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 of injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Lillian T. Richardson M. D.
(Address) 1832 Vine

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.

