SEP 29 1936

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

Do not use this space.

31048

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Raw — Primary Registration District No. 1002 — Registered No. 3847
City Kansas City (No. Wheatley-Provident Hospital St. Ward)

2. FULL NAME Mr James Irvin Dwight
(a) Residence, No. 2916 N. Sherman 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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 3, 1935

7. AGE — YEARS 1 — MONTHS 7 — DAYS 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed
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) Kansas

FATHER
13. NAME Eddie Dwight
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

MOTHER
15. MAIDEN NAME Georgia Baker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT (ADDRESS) Georgia Dwight 2916 N Sherman

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Calvary Cem. DATE Aug. 18, 1936

19. UNDERTAKER (ADDRESS) Nathan W. Thatcher 1520 N. 5th St

20. FILED 8/19, 1936 M. M. Grover Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1936, to Aug 16, 1936
I last saw him alive on Aug 16, 1936 Death is said to have occurred on the date stated above, at 8:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Summer Gastro-Enteritis	Aug 15
Broncho-pneumonia	
119 B	

Other contributory causes of importance:
Heat + dietary in discretions

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? (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 or injury in any way related to occupation of deceased? No
If so, specify
(Signed) H. G. Dwiggins, M. D.
(Address) 1826 Forest
W Heatley-Provident Hosp

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.