

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

Do not use this space.

DEC 20 1936

41168

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City, Mo. (No. 2613 Highland)

Registration District No. 399
Primary Registration District No. 1002

File No. 6
Registered No. 6
St. Ward

2. FULL NAME

(a) Residence, No. 2613 Highland 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 <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lamartha Bass</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 12-1900</u>		
7. AGE YEARS <u>36</u>	MONTHS <u>1</u>	DAYS <u>21</u>
If LESS than 1 day, ... hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Porter</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Newbern Hotel</u>
	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) St. Louis, Kans

13. NAME W. Bass

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

15. MAIDEN NAME Lucy Parks

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

17. INFORMANT (ADDRESS) Lucy Parks Bass 2613 Highland Kansas City 11-3-36

18. BURIAL, CREMATION, OR REMOVAL Highland Cemetery 11-3-36

19. UNDERTAKER (ADDRESS) Flynn & Greenstreet 1832 Vine

20. FILED Nov 8 1936 M. M. Brown

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-3-1936

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner to 1936, 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:

Homicide
Gun shot wound of chest

Other contributory causes of importance:
11-3-36

Name of operation Autopsy Date of 11-3-36
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? Homicide Date of injury 11-3-36
Where did injury occur? 2613 Highland (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Gun shot of chest
Nature of injury Gun shot of chest

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify Lucian Richardson, M. D.
(Signed) 1832 Vine
(Address)

