

DEC 20 1936

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

Do not use this space.

41381

1. PLACE OF DEATH

County JacksonRegistration District No. 290Township KanawhaPrimary Registration District No. 10095City Kansas City (No. K. Clean Hoop)

File No. _____

Registered No. _____

St. _____ Ward) _____

2. FULL NAME

Mario E Black(a) Residence, No. 3801 Washington St. Ward. 5
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. COLOR OR RACE

W

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 25 1891

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

65925

OCCUPATION

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

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)

Illinois

MOTHER FATHER

13. NAME

James Black

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

Indiana

15. MAIDEN NAME

Francis Harris

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

Indiana

17. INFORMANT (ADDRESS)

Resced Clerk
K. C. Clean Hoop

18. BURIAL, CREMATION, OR REMOVAL

Floral Valley Out DATE 11-21-36

19. UNDERTAKER (ADDRESS)

Quirk - Tobin
20 W. Woodward MO MO

20. FILED

11-21-36M. M. Lawrence
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

11-20-1936

22. I HEREBY CERTIFY, That I attended deceased from

10-30-1936 to 11-20-1936I last saw him alive on 11-20-1936 Death is saidto have occurred on the date stated above, at 11:25 a.m.

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

Coronary sclerosisbroncho pneumonia

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

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? _____

If so, specify _____

(Signed) P. F. De Maria M. D., M. D.(Address) Supt. K. C. General Hosp
K. C. Mo

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.

