

FEB 25 1937

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

Do not use this space.

1316

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Law Primary Registration District No. 1092
 City Kansas City (No. 2320) Montgall St. 7 Ward 1

2. FULL NAME

(a) Residence, No. 2320 Montgall St. 7 Ward. (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 M. 4. COLOR OR RACE Col. 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) July 28 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 5 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer & Garage
 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 City Mo.

FATHER 13. NAME George White

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

MOTHER 15. MAIDEN NAME Addie Diggs

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

17. INFORMANT (ADDRESS) Addie Fisher 2320 Montgall

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Highland 1/9 1937

19. UNDERTAKER (ADDRESS) Hatkins Bros 1729 Lydia

20. FILED 1-8 1937 M. M. Crowe, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-5-1937

22. I HEREBY CERTIFY, That I attended deceased from

Deputy Coroner, 1937, to 1937
 I last saw him on 1-5-1937. Death is said to have occurred on the date stated above, at 2:15 P.M.
 The principal cause of death and related causes of importance were as follows:

Chc Pulmonary Tuberculosis Date of onset

Other contributory causes of importance:

Name of operation amp Date of 1-5-1937

What test confirmed diagnosis amp Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury 1-5-1937

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 Lung

(Signed) Luman 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.

