

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

Do not use this space.

333339

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
Township Kan Primary Registration District No. 1002  
City Kansas City (No. 72 C Gen No 10) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 3704  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Hamletton Mos 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 / 1905

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>27</u>	<u>2</u>	<u>13</u>		

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

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) Jackson Co (STATE OR COUNTRY) \_\_\_\_\_

13. NAME William Brown

14. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Lawsen Hottle (ADDRESS) 609 W. 11th St

18. BURIAL, CREMATION, OR REMOVAL PLACE Waltham DATE 9-20-1937

19. UNDERTAKER Sheil Funeral Home (ADDRESS) 6001 Grand Ave. Mo

20. FILED Sept 19, 1937 m/p/n. Brown Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-17, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-6 to 9-17, 1937

I last saw him alive on 9-17, 1937 Death is said to have occurred on the date stated above, at 12:55 P.M.

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

Bilateral Pulmonary Tuberculosis Date of onset \_\_\_\_\_

Other contributory causes of importance: 23

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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 or injury in any way related to occupation of deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_

(Signed) P. S. De Mauer M. D.  
(Address) Dept K. C Gen Hosp

Every year or more 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.

