

JAN 17 1938

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

Do not use this space.

44147
5050

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kearney Primary Registration District No. 399 File No. 1
City Kansas City (No. 1) Wheatley Hospital Registered No. 5050
St. Mo. Ward 1

2. FULL NAME

(a) Residence, No. 405 1/2 Minnie St. W Ward. 1
(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20, 1868

7. AGE YEARS 74 MONTHS 5 DAYS 22 If LESS than 1 day, hrs. or min.

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

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

15. MAIDEN NAME Unknown 31

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

17. INFORMANT Helma Spriggs (ADDRESS) 1367 N. 12th St. P.O. K.

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Cem. DATE Dec 15 1937

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

20. FILED Dec 15 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1937 to Dec 11, 1937
I last saw him alive on Dec 11, 1937. Death is said

to have occurred on the date stated above, at 107 W m.
The principal cause of death and related causes of importance were as follows:

Date of onset 12
Broncho-pneumonia
Other contributory causes of importance: Arteriosclerosis

Name of operation none Date of ✓
What test confirmed diagnosis? stethoscope 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? No
If so, specify
(Signed) P. M. Brown M. D.
(Address) 540 So. K.C.

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.

