

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.

JAN 31 5 1938

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

Do not use this space.

1. PLACE OF DEATH

County BuchananRegistration District No. 35 4

Township

Primary Registration District No. 1771

City

(No. State Hospital #2)File No. 44730Registered No. 1335

St.

Ward)

2. FULL NAME

(a) Residence, No. 1718 Park - T.C.Mo., St. Kansas City, Mo. Ward. Kansas City, Mo.
(Usual place of abode) (If nonresident, give city or town and State)Length of residence in city or town where death occurred = yrs. 9 mos. 1 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)

Married

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

Minnie Dosey

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

Est 1879

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

Est58

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

Fire Keeper in R.R. yards.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

R.R. yards.

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)

unknown

13. NAME

John Dosey.

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

Mississippi

15. MAIDEN NAME

Dasha ?

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

Mississippi

17. INFORMANT (ADDRESS)

Minnie Dosey 1718 Park Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Kansas City DATE 12-6 1937

19. UNDERTAKER (ADDRESS)

W. W. Fletcher 1620 N. 5th St. K.C. Kans20. FILED 12/5 1937H. W. Widdush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5th 193722. I HEREBY CERTIFY, That I attended deceased from Dec 2nd 1937 to Dec 5th 1937I last saw him alive on Dec 5th, 19..... Death is saidto have occurred on the date stated above, at 1:12 P.M.

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

Date of onset

Acute Bronchitis 4 days

Other contributory causes of importance:

Bronchiectasis

Name of operation

What test confirmed diagnosis? clinical Date of ? 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? No

If so, specify

(Signed) J. B. Bunch M. D.(Address) State Hospital #2

