

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

Do not use this space.

REC'D MAR 14 1938

**1. PLACE OF DEATH .**

County Jackson Registration District No. 399  
 Township Kan Primary Registration District No. 1002  
 City Kansas City (No. 72 C Gen Hosp)

File No. 5481  
 Registered No. 547  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 2629 Indiana St. \_\_\_\_\_ Ward. 662  
 (Usual place of abode)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**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 Michael J.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 29 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
58 1 4

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

MOTHER 13. NAME Joseph Falkner

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

15. MAIDEN NAME Jane Van Veen

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

17. INFORMANT (ADDRESS) Reina Clark

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary DATE 1-4-38

19. UNDERTAKER (ADDRESS) Quirk-Tolin

20. FILED 1/2 1938 M. M. Crowe Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-1 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-19 1938, to 2-1 1938  
 I last saw her alive on 2-1 1938 Death is said to have occurred on the date stated above, at 6:40 P.M.  
 The principal cause of death and related causes of importance were as follows:

Acute Pancreatic Necrosis  
 Date of onset 178  
 Other contributory causes of importance:

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. H. De Maria, M. D.  
 (Address) Sup't K C Gen Hosp K C Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MO I 20314

