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.

REC'D MAR 14 1938

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 5573
Township Kaw — Primary Registration District No. 1002 — Registered No. 639
City Kansas City, Mo. (No. General Hospital St. Ward)

2. FULL NAME George W. Tebbetts 132
(a) Residence, No. 478 No Prospect St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/5/1879

7. AGE: YEARS 58 — MONTHS ~~1~~ 2 — DAYS ~~29~~ — If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME Humphry Tebbets
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

MOTHER
15. MAIDEN NAME No record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT (ADDRESS) Mrs. Tebbets 478 No Prospect

18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Lawn Cem. DATE 2/7/38, 19

19. UNDERTAKER (ADDRESS) Sheil Funeral Home 6606 Indep. Ave., K. C. Mo.

20. FILED 2/7, 1938 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/5/38, 19

22. I HEREBY CERTIFY, That I attended deceased from Crow, 19 to ....., 19
I last saw h..... alive on 9 39, 19 Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:
Railroad traumatism
Crushing injury of the Chest
Date of onset
Other contributory causes of importance:
207
30
W

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2/5/38, 19
Where did injury occur? Kansas City Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Railroad tracks
Manner of injury Struck by mark Cars
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature] 4, M. D.
(Address) [signature]