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. 5640
Township Kan — Primary Registration District No. 1002 — Registered No. 706
City Kansas City (No. KC Gen Hosp St. Ward)

2. FULL NAME Jack Miner 560
(a) Residence, No. 1625 Central St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 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: Mary
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 23 1886
7. AGE: YEARS 51 — MONTHS 4 — DAYS 16 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter
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): Kansas

FATHER
13. NAME: Charles Miner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Rhodie Rice
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

17. INFORMANT (ADDRESS): Record Clerk KC Gen Hosp KC Mo
18. BURIAL, CREMATION, OR REMOVAL: Floral Hills DATE 2-11-38, 19
19. UNDERTAKER (ADDRESS): Quirk-Tobin K.C. Mo
20. FILED 2/11 1938 M. M. Orowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-9, 1938
22. I HEREBY CERTIFY, That I attended deceased from 2-4, 1938, to 2-9, 1938
I last saw him alive on 2-9, 1938. Death is said to have occurred on the date stated above, at 4:05 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
92a	

Other contributory causes of importance: Congestive Heart Failure Mitral Insuf. Incidency!
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. F. De Maria, M. D.
(Address) Supt KC Gen Hosp KC Mo

OCT 22 1945