

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

REC'D JUN 9 1938

1. PLACE OF DEATH

County Jackson  
Township Kaw  
City Kansas City

Registration District No. 399  
Primary Registration District No. 1092  
(No. Wheatley Hospital)

File No. 17396  
Registered No. 2093  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence No. 2820 N. Sherman St., Ward. Kans City, KS  
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 1938

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

22. I HEREBY CERTIFY, That I attended deceased from 3/15/38 to 5/16/38

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22 1906

I last saw him alive on 5/16/38. Death is said to have occurred on the date stated above, at 6:00 a.m.

7. AGE YEARS 32 MONTHS 2 DAYS 24 If LESS than 1 day, hrs. or min.

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

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. Santa Fe R.R. Co.  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Date of onset

3rd Degree Burns of both Extremities  
2nd Degree Burns of Chest & Back  
Other contributory causes of importance:  
secondary anemia

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

13. NAME Andrew Jackson

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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

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? Home  
(Specify city or town, county, and State)

15. MAIDEN NAME Ella Lee

Specify whether injury occurred in industry, in home, or in public place.

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

Manner of injury None  
Nature of injury \_\_\_\_\_

17. INFORMANT Anna Ray Jackson  
(ADDRESS) 2820 N. Sherman

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Mable Hill Cem. May 20 1938

(Signed) Eugene B. Perry M. D.  
(Address) 1214 Vine, K.C., Mo.

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

20. FILED May 20 1938 M. M. Brown Registrar.

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures that the financial statements are reliable and can be audited without issue.

In the second section, the author outlines the various methods used to collect and analyze data. This includes both primary and secondary research techniques. The goal is to gather comprehensive information that can be used to identify trends and make informed decisions.

The third section focuses on the challenges faced during the data collection process. It highlights the need for clear communication and coordination between different departments. Without proper collaboration, the data may be incomplete or inconsistent, leading to flawed conclusions.

Finally, the document concludes with a summary of the key findings and recommendations. It stresses the importance of regular reviews and updates to the data collection process. By staying vigilant and adaptable, the organization can ensure that its financial and operational data remains accurate and useful.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. \_\_\_\_\_  
Township Rox Primary Registration District No. 1002 Registered No. 2093  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Leajaida Jackson  
(a) Residence, No. 0 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>32</u>				
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	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)				
FATHER	13. NAME			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
17. INFORMANT (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19				
19. UNDERTAKER (ADDRESS)				
20. FILED <u>May 20 1938</u> <u>H. M. Crowe</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the day stated above, at \_\_\_\_\_ m.

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

3rd Degree Burns of both extremities chest & back

Date of onset \_\_\_\_\_

Other contributory causes of importance: 181

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? at his residence 2820 Sherman (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. a coal oil explosion in a factory

Manner of injury \_\_\_\_\_  
Nature of injury extensive burns of body

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) Frederic Perry, M. D.  
(Address) 1214e Olive St

SUPPLEMENTARY

1938

S-17396