

REC'D JUL 12 1938

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

Do not use this space.

20971

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Kau Primary Registration District No. 1002  
City Kansas City (No. 219 Mo. Ave. St. Ward)

2. FULL NAME

(a) Residence, No. Helping Hand 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) unknown

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

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

7. AGE YEARS about 39 yrs. MONTHS unknown DAYS unknown If LESS than 1 day, hrs. or min.

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

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) unknown

13. NAME unknown

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

15. MAIDEN NAME unknown

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

17. INFORMANT Records Bureau office (ADDRESS) Jackson Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE buried DATE 6/16 1938

19. UNDERTAKER A. Sebeto (ADDRESS) 201 S. 5th St

20. FILED June 16 1938 Registrar Mc Crow

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-11-38 19

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him at home on 6-11-38 19 Death is said to have occurred on the date stated above, at 4:30 p.m. m.

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

Acute Alcoholism  
Acute Pulmonary Edema  
75

Other contributory causes of importance:

Name of operation Autopsy Date of 6-11-38  
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? None Date of injury 6-11-38 19

Where did injury occur? Home (Specify city or town, county, and State)

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

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify Alcoholism  
(Signature) Russell G. Ford M.D.  
(Address) 1234

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.

