

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.

REC'D JUL 12 1938

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

20991  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 1002  
 (b) Township Kaw Primary Registration District No. \_\_\_\_\_ Registered No. 2441  
 (c) City K.C. Mo (d) Street No. General Hospital # 2 St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Leroy Mc Math 25?  
 (a) Residence, No. 621 W 8th St St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't know

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
about 59

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter  
 9. Industry or business in which work was done, as saw mill, bank, etc. Paint Detacher  
 10. Date deceased last worked at this occupation (month and year) Spring Co 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss 9

FATHER  
 13. NAME Don't know 9  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER  
 15. MAIDEN NAME Don't know  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT County Coroner's Record  
 (ADDRESS) K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL K.C. Mo  
Blue Ridge Lawn 6-18-38

19. FUNERAL DIRECTOR Flynn + Greenleaf  
 (ADDRESS) K.C. Mo

20. FILED 6-17 1938 M.M. Cronquist  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-11-1938

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

I last saw him/her alive on 12/4/37 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:  
Chronic Tuberculosis (Pulmonary)  
The Pericarditis 2<sup>o</sup> 3<sup>o</sup>

Other contributory causes of importance: \_\_\_\_\_

Name of operation Autopsy 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? 4  
 If so, specify \_\_\_\_\_

(Signed) Russell W. ... M. D.  
 (Address) K.C. Mo

STATEMENT BY LICENSED EMBALMER

I, Flynn & Greenstreet, Ltd., Licensed Embalmer No. 2211

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Edw. J. Evans

L. E.

No. 3836 or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Wm. J. Flynn  
Licensed Embalmer No. 2211

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)