

REC'D AUG 8 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
Township Kennett Primary Registration District No. 1002
City Kansas City (No. General Hospital) St. 240 Ward

File No. 24129
Registered No. 2634

2. FULL NAME

(a) Residence, No. 2503 Laurel St., 240 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred all yrs. mos. ds. How long in U. S. of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 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) June 24-1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 00 06

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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-30-38

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____

I last saw him alive on 10-20-30 19____. Death is said to have occurred on the date stated above, at 7:00 P.M.

The principal cause of death and related causes of importance were as follows:
burns of face and body Date of onset 10/15

Other contributory causes of importance: _____

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? Accident Date of injury 6-30-38
Where did injury occur? Hotel (Specify city or county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury burned while playing
Nature of injury way matches

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) Walter B. Smith M. D.
San Hosp; H.L. Mo.

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

13. NAME Archie Bosley

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

15. MAIDEN NAME Henrietta Martin

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

17. INFORMANT (ADDRESS) Mrs Henrietta Bosley
2503 Laurel

18. BURIAL, CREMATION, OR REMOVAL PLACE Local Hill DATE July 2 38

19. UNDERTAKER (ADDRESS) Rose M. Johnson
12 C. Mo

20. FILED 7-2 1938 M. M. Crowe, asst Registrar. 361

WHITE 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.

