

REC'D SEP 13 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. R.R. Tracts, 27 = Manchester)

Registration District No. 399
Primary Registration District No. 190

File No. 28032
Registered No. 3343
Ward

2. FULL NAME

(a) Residence No. 7311 E 14th
(Usual place of abode)

Length of residence in city or town where death occurred

St. 14th Ward.

(If nonresident, give city or town and State)

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 divorced (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 3, 1895

7. AGE YEARS 43 MONTHS 6 DAYS 20 If LESS than 1 day, hrs. or min.

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

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) Jackson Co Mo

13. NAME Frank House

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

15. MAIDEN NAME Ida B. Charles

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

17. INFORMANT Ida House (mother) (ADDRESS) 7411 E 14th KC Mo

18. BURIAL, CREMATION, OR REMOVAL Greenlawn Cem DATE 8-25-38

19. UNDERTAKER McLureth - McLure (ADDRESS) 6900 Grand KC Mo

20. FILED Aug 24 1938 M. M. Cronk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-23-38 19

22. I HEREBY CERTIFY That I attended deceased from

I last saw him Deputy Coroner on 7:00 a.m. 19

Death is said to have occurred on the date stated above, at 7:00 a.m.

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

Fracture of the skull
Central Laceration

Other contributory causes of importance: 194'

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide Not known Date of injury 8-23-38

Where did injury occur? 14th St (Specify city or town, county, and State)

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

Manner of injury found dead at side of

Nature of injury 14th St 27th & Manchester

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

If so, specify

(Signed) Walter H. Butler M. D.

(Address) Greenlawn Cem

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.

