

REC'D APR 17 1939

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

Do not use this space.

9674

1. PLACE OF DEATH

County Jackson

Registration District No. 399

File No. ....

Township Blue

Primary Registration District No. 1002

Registered No. 1280

City Kansas City, Mo.

No. A.C. J.B. Hospital

St. ....

Ward) ....

2. FULL NAME

(a) Residence, No. 1701 J Street

(Usual place of abode)

St. ....

Ward. ....

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 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

Colored

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)

Jan. 5, 1926

7. AGE

YEARS 13

MONTHS 2

DAYS 14

If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

School boy

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)

Kansas City, Mo.

MOTHER FATHER

13. NAME

Jackson Ambrose

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

Unknown

15. MAIDEN NAME

Mary K. Lathester

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

Little Rock Ark

17. INFORMANT (ADDRESS)

K. C. J. B. Hospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE Blue Ridge DATE 3-25

19. UNDERTAKER (ADDRESS)

Patley Bros. 1701 J Street

20. FILED

3-24-39

m. m. Privesash Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from FEB 25, 1939, to MAR 19, 1939

I last saw IM alive on MAR 19, 1939. Death caused

to have occurred on the date stated above, at.....m.

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

PULMONARY TUBERCULOSIS Date of onset 1935

Other contributory causes of importance:

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?..... (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?

If so, specify..... (Signed) W. W. Verburghaus, M. D.

(Address) Kansas City, Mo.

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.

