

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.

NOV 14 1939

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

Do not use this space.

1. PLACE OF DEATH

County..... Jackson
Township..... Blue
City..... Kansas City (No. 152)

Registration District No. 399
Primary Registration District No. 100
S. P. Hospital

File No. 34927
Registered No. 3902
St. _____ Ward)

2. FULL NAME

(a) Residence, No. 2406 E. 24th St. Frank A. Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 yrs. 19 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) 6-17-1889

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
50	3	19		

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

13. NAME Unknown

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

15. MAIDEN NAME Sadie Maspin

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

17. INFORMANT (ADDRESS) R. C. J. [unclear]

18. BURIAL, CREMATION, OR REMOVAL 10-10-39 DATE

19. UNDERTAKER (ADDRESS) Flynn + Kreustreet

20. FILED 10/9 1939 M. M. Groome Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1939, to Oct 6, 1939. I last saw him alive on Oct 6, 1939. Death is said to have occurred on the date stated above, at 7:30 P.M.

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

Pulmonary tuberculosis
23

Other contributory causes of importance:

Name of operation none Date of _____
What test confirmed diagnosis? X-ray Sputum (were 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) [Signature] M. D.
(Address) [Address]

Embalm'd by - Edw G. Evans

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