

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.

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

Do not use this space.

1271

1. PLACE OF DEATH

County Jackson
Township Tau
City Kansas City

Registration District No.

Primary Registration District No.

File No.

Registered No.

Ward)

2. FULL NAME

(a) Residence, No. 1000 Martha E. Carey Mo. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 2 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 62 1

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

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) Mo

13. NAME Henry Sears

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

15. MAIDEN NAME Martha Williams

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

17. INFORMANT (ADDRESS) Jess Williams, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ke army DATE Jan 3

19. UNDERTAKER (ADDRESS) Chas. Kessel, Ke army, Mo

20. FILED Jan 1 1933 M. M. Crouse Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19...

I last saw him alive on , 19... Death is said

to have occurred on the date stated above, at 1:37 P.M.

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

Second degree burns Date of onset

of face, arms and

lower extremities

Other contributory causes of importance:

Conflagration 1:30 2:4

Name of operation no Date of

What test confirmed diagnosis Autopsy 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 1933, 1932

Where did injury occur? Home, Kansas Mo.

(Specify city or town, county, and State)

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

Manner of injury Explosion of gasoline

Nature of injury

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

If so, specify no

(Signed) C. H. Hetch

(Address) Deputy Coroner

