

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Grand
City Kansas City (No. General Hospital)

Registration District No. 341
Primary Registration District No. 1002

File No. 1050
Registered No. 21
St. Mo. Ward

2. FULL NAME

(a) Residence, No. 1034 Summit Ward 6
(Usual place of abode)

Length of residence in city or town where death occurred 9 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

SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 19/1876</u>		
7. AGE <u>57</u>	YEARS <u>8</u>	MONTHS <u>12</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation
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)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
13. NAME <u>Robert Boyd</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
15. MAIDEN NAME <u>James Ferguson</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>

17. INFORMANT (ADDRESS) <u>Beura Clark</u>
18. BURIAL, CREMATION, OR REMOVAL <u>Clinton Mo.</u> DATE <u>Jan 3 34</u>
19. UNDERTAKER (ADDRESS) <u>Quirk & Tobin</u> <u>155 Mo.</u>
20. FILED <u>Jan 3 34</u> <u>M. M. Brown</u> <u>Regist.</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-1 1934
22. I HEREBY CERTIFY, That I attended deceased from 12-26 1933, to 1-1 1934
I last saw him alive on 1-1 1934 Death is said to have occurred on the date stated above, at 6:30 PM
The principal cause of death and related causes of importance were as follows:
Date of onset

Pneumonia lobar
1934
108
Other contributory causes of importance:
Arteriosclerosis
Cerebral arteriosclerosis
= Dementia

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) Dr. J. M. Brown M. D.
(Address) 234 1st St. N. W.

