

JAN 23 1935

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. 7 C. Gen. Hosp)

Registration District No. 399
 Primary Registration District No. 1002

39654

File No. 39654
 Registered No. 39654 St. _____ Ward)

2. FULL NAME

(a) Residence, No. 1152 72nd St., _____ Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 20 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mammie Kirkland</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 2 1876</u>		
7. AGE <u>54</u>	YEARS <u>3</u>	MONTHS <u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer</u>		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) <u>Alabama</u>
13. NAME <u>William Kirkland</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alabama</u>
15. MAIDEN NAME <u>Ank McMath</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Georgia</u>

17. INFORMANT (ADDRESS) <u>Dr. C. C. Gen. Hosp</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Green Lawn</u> DATE <u>12/19/35</u>
19. UNDERTAKER (ADDRESS) <u>Mrs. C. L. Foster</u>
20. FILED <u>Dec. 19 1935 M. M. Brown</u>

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>12-17</u> 19 <u>35</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>12-11</u> 19 <u>35</u> to <u>12-17</u> 19 <u>35</u> I last saw him alive on <u>12-17</u> 19 <u>35</u> Death is said to have occurred on the date stated above, at <u>5:45 a.m.</u> The principal cause of death and related causes of importance were as follows: <u>Coronary Sclerosis</u> <u>Chronic Glomerular Nephritis</u> <u>Myocardial Infarction</u>

Other contributory causes of importance:

Name of operation	Date of
What test confirmed diagnosis?	Was there an autopsy? <u>Yes</u>
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) J. J. Brown, M. D.(Address) 1152 72nd St. Kansas City

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.

