

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

M. 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.

33701

1. PLACE OF DEATH

County Jackson
Towship Ray
City Kansas City

Registration District No. 399
Primary Registration District No. 1092

File No. _____
Registered No. 27260
St. _____ Ward _____

2. FULL NAME

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

Length of residence in city or town where death occurred yrs. mos. 25 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

Frederick W. Sands
Roswell, N. Mex.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 23, 1874

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>53</u>	<u>11</u>	<u>24</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Secy. Roswell
(b) General nature of industry, business, or establishment in which employed (or employer) B. L. Assn
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Ottawa
(STATE OR COUNTRY) Kansas

10. NAME OF FATHER Benj. Sands

11. BIRTHPLACE OF FATHER (CITY OR TOWN) New York City
(STATE OR COUNTRY) N.Y.

12. MAIDEN NAME OF MOTHER Mary Bennett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Leavenworth
(STATE OR COUNTRY) Kans.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 17 1928

17. I HEREBY CERTIFY, That I attended deceased from 9-24, 1928, to 10-17, 1928, that I last saw h. MAN alive on 10-17-28, and that death occurred, on the date stated above, at 5:00 P.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Brain tumor malignant glioma

CONTRIBUTORY (SECONDARY) Respiratory failure following operation performed 10-17-1928

18. WHERE WAS DISEASE CONTRACTED Roswell New Mexico
IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? yes DATE OF 10-17-28

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Robert A. Ireland, M.D.
(Address) 918 Medical Arts Building

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Mrs. Ida Sands
(Address) Roswell, N. Mex.

15. FILED 10/18 28 M. M. Brown
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ottawa, Kans. DATE OF BURIAL Oct 18 1928

20. UNDERTAKER A. H. Newcomer's Sons & Co
ADDRESS _____

