

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

5616

707

Do not use this space.

1. PLACE OF DEATH

County Jackson

Registration District No.

File No.

Township Jaw

Primary Registration District No.

Registered No.

City Kansas City (No. Kansas City Gen. Hosp) St. Ward)

2. FULL NAME Frank A Fireman

(a) Residence. No. 10 E 34th St. 5 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. 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 white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-22-1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 . 6 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Salesman 175
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Wisconsin 2

10. NAME OF FATHER Frank Fireman

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

12. MAIDEN NAME OF MOTHER Mary Lee

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Canada 5

14. INFORMANT Record Clerk
(Address) Kansas City Gen. Hosp

15. FILED 1/14 1931 M. M. Crawford REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-13 1931

17. I HEREBY CERTIFY, That I attended deceased from 1-21, 1931, to 2-13, 1931 that I last saw him alive on 2-13, 1931, and that death occurred, on the date stated above, at 12:20 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cirrhosis of liver
1740
10/7/31 (duration) yrs. mos. ds.

CONTRIBUTORY Pneumonia
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Cult. biopsy

(Signed) P. E. Williams, M. D.

2-14, 1931 (Address) Gen. Hosp. KC Mo

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cremation DATE OF BURIAL 7/16 1931

20. UMBERTAKER R. V. Lindsey & Sons ADDRESS KC Mo

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.

RECORDING INFORMATION IS A PERMANENT RECORD

