

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

Do not use this space.

17990

**1. PLACE OF DEATH**

County Jackson Registration District No. B 2 3  
Township Raw Primary Registration District No. 10 1  
City Kansas City (No. St. Vincent's Hospital)

File No. \_\_\_\_\_  
Registered No. 17990  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Lamar mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

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

**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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 7-1931</u>		
7. AGE	YEARS	MONTHS
	<u>0</u>	<u>0</u>
		DAYS <u>0</u>
		If LESS than 1 day, <u>3</u> hrs. or <u>3</u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Child</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
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City Missouri</u>	
	13. NAME <u>Dorothy Miles</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Linton Missouri</u>	
FATHER	15. MAIDEN NAME <u>Lubin Oreal</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>Dorothy Miles</u> (ADDRESS) <u>Lamar Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mount Brook</u> DATE <u>5-10</u> 19 <u>31</u>		
19. UNDERTAKER <u>Carson Undertaking Co</u> (ADDRESS) <u>Indep</u>		
20. FILED <u>5/10</u> 19 <u>31</u> <u>M. M. Crowe</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7 1931  
22. I HEREBY CERTIFY, That I attended deceased from May 7, 1931, to May 7, 1931  
I last saw him alive on 5-7, 1931 Death is said to have occurred on the date stated above, at 6:30 P.M.  
The principal cause of death and related causes of importance were as follows:

Miscarriage

Date of onset

5/6

Premature 6 mos  
159

Other contributory causes of importance:

long auto ride

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence, fall 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 Yes  
(Signed) Geo F. Pugh M. D.  
(Address) 933 Professional Bldg

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

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.

Dr Geo Huntington.

Prof Bldg.