

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

Do not use this space.

40917

**1. PLACE OF DEATH**

County Jackson  
Township Jackson  
City Kansas City

Registration District No. 308  
Primary Registration District No. 1007  
(No. 5604 Euclid)

File No. 4005  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 5604 Euclid St. 15 Ward \_\_\_\_\_

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 23 = 1925

7. AGE YEARS 6 MONTHS \_\_\_\_\_ DAYS 15 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child  
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) Kansas City (STATE OR COUNTRY) Kansas

MOTHER 13. NAME Francis M. Mullen

14. BIRTHPLACE (CITY OR TOWN) Sedalia (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Helen M. Donough

16. BIRTHPLACE (CITY OR TOWN) Kansas City (STATE OR COUNTRY) Kansas

17. INFORMANT Francis M. Mullen (ADDRESS) 5604 Euclid Kansas City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Calvary, K.G. Home DATE 12 10 31

19. UNDERTAKER John J. Sheehan (ADDRESS) Kansas City Missouri

20. FILED 12/9 3 1931 M. M. Croove Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 8 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1931, to Dec 8, 1931.

I last saw him alive on Dec 8, 1931. Death is said

to have occurred on the date stated above, at 7:35 P.m.

The principal cause of death and related causes of importance were as follows:

Scarlet fever Date of onset Dec 4.

8

130

Other contributory causes of importance:

Acute Nephritis Dec 6.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Laboratory Was there an autopsy? no

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) Charles J. Eldridge, M. D.

(Address) 6247 Brookside

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.

9.46

