

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

Do not use this space.

1122

1. PLACE OF DEATH

County Jackson
Township Raw
City Kansas City (No. 12.C. gene Hosp)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 100
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1127 Wheeling St. Ward. 10
(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 Female 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) Jan. 9, 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief
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) Kansas City, Mo.

MOTHER 13. NAME John Conrad

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg, Kansas

15. MAIDEN NAME May Adams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Mineral, Kansas

17. INFORMANT (ADDRESS) Bevna Clark, 12.C. gen. Hosp, 12.C.M.

18. BURIAL, CREMATION, OR REMOVAL PLACE West Mineral DATE Jan 16 - 1932

19. UNDERTAKER (ADDRESS) Peter P. Sestava, 12.C. gen. Hosp

20. FILED Jan 16, 1932 M.D. Corone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-13, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-9, 1932 to 1-13, 1932

I last saw him alive on 1-13, 1932 Death is said to have occurred on the date stated above, at 8:20 P.M.

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

Premature Date of onset _____

Other contributory causes of importance: 159 159

Name of operation none Date of _____

What test confirmed diagnosis? _____ 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 P.E. Willeau M. D.
(Signed) 1-13, 1932 (Address) Dept 12.C. gen. Hosp, 12.C.M.

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.

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

