

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 395
Primary Registration District No. 1003
No. General Hospital No 2

File No. 4815
Registered No. 678
St. 15 Ward

2. FULL NAME

(a) Residence, No. 4646 Virginia St. 15 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. 08 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-16-1882

7. AGE YEARS 69 MONTHS 7 DAYS 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common Labor 237

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Apartments

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) Louisiana 2

13. NAME Joe Straughter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Millie Anderson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 31

17. INFORMANT (ADDRESS) Record Clerk
Gen. Hosp. No 2

18. BURIAL, CREMATION, OR REMOVAL PLACE West Lawn DATE Feb. 18 1932

19. UNDERTAKER (ADDRESS) Adkins Bros
2000 E. 12th St

20. FILED 7/8 1932 7:27 AM Conover Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-13 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-9 1932, to 2-13 1932.

I last saw him alive on 2-13-32 1932 Death is said to have occurred on the date stated above, at 2:50 am.

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

Hypertensive heart disease

95B
92A 95B

Other contributory causes of importance:

Cerebral Hemorrhage

Name of operation none Date of 1

What test confirmed diagnosis? lab + clinical 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) Dr. Miller, M. D.
(Address) General Hospital No 2

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.

