

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

Do not use this space.

19659

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
Township Kaw Primary Registration District No. 1002  
City Kansas City (No. Gen. Hosp. No. 2)

File No. 2469  
Registered No. 24879  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 2010 Olive St., 110 Ward.

(Usual place of abode) Length of residence in city or town where death occurred 3 yrs. 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 Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4, 23, 1909

7. AGE YEARS 23 MONTHS 1 DAYS 25 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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

FATHER 13. NAME Gray, Harry

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

MOTHER 15. MAIDEN NAME Sled, Fannie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Cem. DATE June 22, 1932

19. UNDERTAKER (ADDRESS) West Apollonians 622 1/2 E. 12th St. Kansas City, Mo.

20. FILED 6/22 1932 M. M. Kerone Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1932

22. I HEREBY CERTIFY That I attended deceased from 6-16, 1932, to 6-18, 1932

I last saw her alive on 6-18, 1932 Death is said to have occurred on the date stated above, at 6:50 p.m.

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

Pulmonary Tuberculosis Date of onset \_\_\_\_\_

23A

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? x-ray, sputum 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? no

If so, specify \_\_\_\_\_ (Signed) D. M. Miller M. D.

(Address) Gen. Hosp. No. 2 Kansas City, 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.

WHITE COPY LEFT WITH OUTRADING OFFICE—THIS IS A PERMANENT RECORD

