

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.

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

Do not use this space.

39866

1. PLACE OF DEATH

County Jackson

Registration District No. _____

Township Law

Primary Registration District No. _____

City Kansas City(No. 3423)Ward Bellefontaine

File No. _____

Registered No. 4874

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. 3423 Bellefontaine

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 M.4. COLOR OR RACE Wh.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) Aug. 30 1930

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

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. _____

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.13. NAME Commett Murl M. Canles14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Adela Celeste Lettrel16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT (ADDRESS) Mrs. Eugene Lettrel, 2423 Bellefontaine18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hills DATE Dec 21 193219. UNDERTAKER (ADDRESS) H. W. Buwamer's Sons, 12720 N. W. Mo.20. FILED 12/20 1932 M. M. Groves Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 19 193222. I HEREBY CERTIFY, That I attended deceased from Dec. 17 1932, to Dec 19 1932I last saw h.l.m. alive on Dec 19 1932 Death is saidto have occurred on the date stated above, at 9:45 A.M.

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

Broncho-PneumoniaDate of onset Dec 15 1932

Other contributory causes of importance:

Otitis mediaDec 15Name of operation none Date of _____What test confirmed diagnosis? Observation 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) Charles Eldridge M. D.(Address) 6247 Brookside Blvd.

Mr. Charles J. Eldred
6247 Brookside
Ph 47
2:30 - 4:30