

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

Do not use this space.

1589

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Kear Primary Registration District No. _____
 City Kansas City (No. 3126 E 9th St)

File No. L 319
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3126 E 9th St. 9 Ward.

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Leticia Jane Burner</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>				
7. AGE <u>about 60</u>	YEARS <u>60</u>	MONTHS <u>4</u>	DAYS <u>4</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Chef.</u> 93			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Restaurant</u> 94			
	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) <u>Ohio</u>				
MOTHER	13. NAME <u>Unknown</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
	15. MAIDEN NAME <u>Unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
17. INFORMANT <u>Leticia Jane Burner</u> (ADDRESS) <u>3126 East 9th St</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maple Hill</u> DATE <u>1/21</u> 19 <u>33</u>				
19. UNDERTAKER <u>A. Sebbitz</u> (ADDRESS) <u>901 East 5th St.</u>				
20. FILED <u>1-21</u> 19 <u>33</u> <u>M. M. Crowe</u> Registrar.				

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/18/33 1933

22. I DULY CERTIFY, That I attended deceased from _____, 19____
Duhy Crowe
 I last saw h _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Cronyphemia -
Chronic before myocarditis
Antipulmonary edema
 Other contributory causes of importance: ASU
 Name of operation _____ Date of _____
 What test confirmed diagnosis _____ Was there an autopsy? yes

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) A. Sebbitz M.D.
 (Address) Duhy Crowe

WHITE PRINT, 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.

