

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

Do not use this space.

9649

**1. PLACE OF DEATH**

County Jackson  
Township Low  
City Kansas City

Registration District No. 399  
Primary Registration District No. 100  
No. Mercy Hospital

File No. \_\_\_\_\_  
Registered No. 1252  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 6202 E. 35th St. Terrace Ward. Leeds Mo  
(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) leibild

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-15-1933

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

22. I HEREBY CERTIFY, That I attended deceased from 3-7-1933, to 3-15-1933  
I last saw him/her alive on 3-15-1933 Death is said to have occurred on the date stated above, at 4:19 a.m.  
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-8-1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
2 3 7

Date of onset

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

Primary Bronchopneumonia

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

13. NAME Alvin Newkirk

Other contributory causes of importance:  
107A 107A

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

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

15. MAIDEN NAME Janette Grace

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

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

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Alvin S. Newkirk  
(ADDRESS) 6202 East 35th St, Ter

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Brookings DATE 3-18-33

19. UNDERTAKER Mrs. G. F. Foster  
(ADDRESS) 478 Brooklyn, av.

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify Mercy Hospital  
(Signed) By Doctor, M. D.  
(Address) \_\_\_\_\_

20. FILED 3/15 1933 m m  
Arar Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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