

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.

SEP 26 1933

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

Do not use this space.

26677

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kan Primary Registration District No. 1002
 City Kansas City (No. 1010 E 12th St.)

File No. 3434
 Registered No. 3434
 St. _____ Ward _____

2. FULL NAME

Orbert J. Audley
 (a) Residence, No. 1040 E 12th St. St. _____ 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY AND YEAR) 8/29/33

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

22. I HEREBY CERTIFY that I attended deceased from _____, 19____
 I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28th 1880

The principal cause of death and related causes of importance were as follows:
Auto per se Date of onset _____

7. AGE YEARS 53 MONTHS 3 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

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

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

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: no

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Mo

13. NAME John J. Audley

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

15. MAIDEN NAME Mary Ann Conroy

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

17. INFORMANT Patrick Audley
 (ADDRESS) 208 Knickerbocker Place

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph Mo DATE Aug. 30 33

19. UNDERTAKER Quinn & Toland Co
 (ADDRESS) 20 W. Linwood

20. FILED 8/30 1933 M. M. Brown Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis Autopsy 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) Patrick Audley (Address) _____
DEF-COR

