

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

Do not use this space.
36412

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Deaw Primary Registration District No. 1002
 City Kansas City (No. KA General Hosp) St. _____ Ward _____

File No. 4322
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 514 Main St. _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-3 1886
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 77 9 8
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
 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) Delmar

13. NAME J. M. Payton

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

15. MAIDEN NAME Sarah Stearns

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

17. INFORMANT Reverend Clerk
 (ADDRESS) KA Gen Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE St Hope DATE Nov 4 1933

19. UNDERTAKER (ADDRESS) Parmentier - Turner
1000 E Kansas

20. FILED 11-4-33 M. M. Crone Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-3 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-14 1933 to 11-3 1933

I last saw him alive on 11-3 1933 Death is said to have occurred on the date stated above, at 5:55 PM
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Biliary tract and gall bladder
4/11/33

Other contributory causes of importance:
4/11/33

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) J. M. Crone, M. D.
11-4-33 (Address) KA Gen Hosp

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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