

APR 25 1934
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MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

8985

PLACE OF DEATH
County Jackson
Township
City Kansas City

Registration District No. 503
Primary Registration District No. 511
St. St. Joseph's Hospital

File No. 8985
Registered No. 1181
St. 1181 Ward

2. FULL NAME BOBBY weeks
(a) Residence, No. 7200 Wayne St. Ward.
(Usual place of abode)
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. (If nonresident, give city or town and State)

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>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>February 24 1930</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u> </u>				
7. AGE	YEARS <u>4</u>	MONTHS <u>0</u>	DAYS <u>18</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>None</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>			
	10. Date deceased last worked at this occupation (month and year) <u> </u>		11. Total time (years) spent in this occupation <u> </u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City Mo.</u>				
MOTHER	13. NAME <u>Cecil E Weeks</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Joplin Kansas</u>			
	15. MAIDEN NAME <u>Mary Everson</u>			
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Joplin Mo.</u>			
	17. INFORMANT <u>Cecil E Weeks</u> (ADDRESS) <u>7200 Wayne</u>			
18. BURIAL, CREMATION, OR REMOVAL <u>Normal Forest Hill</u> DATE <u>March 15 1934</u>				
19. UNDERTAKER (ADDRESS) <u>State Funeral Home</u> <u>425 State Ave R.C.K.</u>				
20. FILED <u>March 14 1934 M. M. Crowe</u> <u>Registrar</u>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14 19 34

22. I HEREBY CERTIFY, That I attended deceased from you 19 34 to March 14 19 34
I last saw him alive on March 14 19 34 Death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:
Deilitation of heart
100
1000
1000
Other contributory causes of importance:
Labor pneumonia
followed by emphyema
thorax
Name of operation: Thoracotomy Date of July 1934
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? No
If so, specify
(Signed) , M. D.
(Address) 7200 Wayne

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jackson
Township Carroll
City Carroll (No. St. Josephs Hosp)

Registration District No. 399

Primary Registration District No. 1002

File No. _____
Registered No. 1181
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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 w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 14, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 24 1930

I last saw h_____ alive on _____, 19____. Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
4 0 18

to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, 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

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Other contributory causes of importance:
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

13. NAME

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

15. MAIDEN NAME

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

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.

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE _____ 19____

Manner of injury _____
Nature of injury _____

19. UNDERTAKER (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify (Signed) _____, M. D.

20. FILED 3714 37 M. M. Crowe Registrar.

(Address) _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

PROPERTY TRANSFERRED. EXACT STATUTE OF MISSOURI IS VERY IMPORTANT.

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