WHITE PLANET, 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.

JUL 17 1934

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

Do not use this space.

20465

1. PLACE OF DEATH
County Jackson — Registration District No. [illegible] — File No. [illegible]
Township Kaw — Primary Registration District No. [illegible] — Registered No. [illegible]
City Kansas (No. Mo River foot of Delaware in River St. ..... Ward)

2. FULL NAME Undentified man
(a) Residence, No. Do not Know St., ... Ward. Found 6/11/34
(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 male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Do not Know
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Do not Know
7. AGE YEARS about 60 MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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. Do not Know
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) Do not Know

FATHER
13. NAME Do not Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not Know

MOTHER
15. MAIDEN NAME Do not Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not Know

17. INFORMANT (ADDRESS) Coroner Jackson County
18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn Cemetery DATE June 13-34, 19
19. UNDERTAKER (ADDRESS) Passantino Bros K C Mo
20. FILED 6-13-1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

Found 6-11-34

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Do not Know, 19
22. I HEREBY CERTIFY That I attended deceased from Deputy Coroner, to ....., 19.....
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:

	Date of onset
Medical Drowning	
183	
183	
	199

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Do not Know
Where did injury occur? Do not Know (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Do not Know
Manner of injury Drowned in Run
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E Hatch, M. D.
(Address) [illegible]