

WRITE PLAINLY, 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.

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

Do not use this space.

NOV 13 1934

36032

1. PLACE OF DEATH

County Jackson Registration District No. 350
Township W. 2 Primary Registration District No. 7
City Leeds Station (No. Leeds Station Hosp.)
Kansas City - Polk - Marie St. _____ Ward _____

File No. _____
Registered No. 4533
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1335 Euclid St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10 - 1908
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
29 7 28
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) see

FATHER 13. NAME Whitaker, Raymond
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) see

MOTHER 15. MAIDEN NAME Marie - Coa
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) see

17. INFORMANT A. C. T. B. Hospital Leeds Mo.
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE West Lawn DATE 10-11-1934

19. UNDERTAKER J. B. Mayo
(ADDRESS) 1820 E. 18th St

20. FILED 10/11/34 M. M. Carome
Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct - 8 1934

22. I HEREBY CERTIFY, That I attended deceased from May 16 1934 to Oct - 8 1934
I last saw her alive on Oct - 7 1934. Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset 23
Other contributory causes of importance: see

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? _____ 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) J. S. Hoffman, M. D.
(Address) K.C. Th. Hosp. Leeds, Mo.

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