

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

Do not use this space.

9409
1361

1. PLACE OF DEATH

County Jackson
Township K. C. Mo.
City K. C. Mo. (No. Gen'l Hosp # 2)

Registration District No. 399
Primary Registration District No. 1002

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

2. FULL NAME

(a) Residence, No. 1750 Jarboe 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 Female 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10-1900
7. AGE YEARS 35 MONTHS - DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed
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) Miss
13. NAME Frank Baker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss
15. MAIDEN NAME Liana Davis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss
17. INFORMANT Geo. W. Barnes (ADDRESS) 1521 South 24th K.C.
18. BURIAL, CREMATION, OR REMOVAL Swanlake Miss PLACE DATE 4-1-35
19. UNDERTAKER Blynn + Greenstreet (ADDRESS) K.C. Mo.
20. FILED 3-30 1935 inmercure Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-24-1935
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, at _____ m.

The principal cause of death and related causes of importance were as follows:
Insect wounds of the abdomen Date of onset _____

Other contributory causes of importance: W 173

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 3-23-35
Where did injury occur? 1750 Jarboe St. K.C. Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury Public place
Nature of injury trauma by firearms

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

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.

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