

OCT 22 1935

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

Do not use this space.

29649

## 1. PLACE OF DEATH

County Jackson  
Township Flaw  
City Kansas City (No. 1)

Registration District No. \_\_\_\_\_  
Primary Registration District No. \_\_\_\_\_  
Mercy Hospital

File No. \_\_\_\_\_  
Registered No. 29649  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. 833 d Kyle Kc Kas 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

|   |  |  |
|---|--|--|
| 3. SEX<br><u>Male</u>   | 4. COLOR OR RACE<br><u>white</u>   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____                    |  |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 12 - 1935</u>                          |  |  |
| 7. AGE  | YEARS<br><u>0</u>  | MONTHS<br><u>8</u>   |
|   | DAYS<br><u>9</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>child</u> |  |
|   | 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) <u>Kansas City Kansas</u>            |  |  |
| FATHER  | 13. NAME <u>William Burris</u>   |  |
|   | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Nevada Mo</u>  |  |
| MOTHER  | 15. MAIDEN NAME <u>Alice Frazel</u>  |  |
|   | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Nevada Mo</u>  |  |
| 17. INFORMANT <u>William Burris</u><br>(ADDRESS) <u>833 Kyle Kc Kas.</u>              |  |  |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Highland Park</u> DATE <u>Sept 23 1935</u> |  |  |
| 19. UNDERTAKER <u>Gabuttler &amp; Son</u><br>(ADDRESS) <u>Kc Kas.</u>                 |  |  |
| 20. FILED <u>9 22 1935</u> <u>m m Crowe</u><br>Registrar.                             |  |  |

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/21/35, 1935

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, 19\_\_\_\_.

I last saw \_\_\_\_\_ 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:  
Ante Gastric enteritis  
1935

Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation Autopsy Date \_\_\_\_\_

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) [Signature], M. D.  
(Address) [Signature]

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.

