AUG 11 1937

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

Do not use this space.

26319

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City
Registration District No. 399
Primary Registration District No. 1002
(No. Kersey Coates Drive St. Ward)
File No.
Registered No. 3032

2. FULL NAME Unknown Man
(a) Residence, No. Unknown 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

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Unknown
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) No record
7. AGE YEARS about 45 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. No record
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) No record

FATHER
13. NAME No record
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

MOTHER
15. MAIDEN NAME No record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT (ADDRESS) Coroners' Office
18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn Cem DATE 7/16/37 19
19. UNDERTAKER (ADDRESS) Quirk & Tobin Co. 20 W Linwood
20. FILED July 16 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9 1937 19
22. I HEREBY CERTIFY, That I attended deceased from ....19.... to ....19....
I last saw h.... alive on ....19.... Death is said to have occurred on the date stated above, at 7:30 m. P
The principal cause of death and related causes of importance were as follows:
Date of onset
Sub or acknoid hemorrhage of the frain - (Contusions of the head).
Other contributory causes of importance:
W 175
Name of operation Autopsy 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 Homicide Date of injury 7/9/37
Where did injury occur Kersey Coates Drive R Aw (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Beaten by flow to the head
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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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