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.

OCT 19 1937

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

Do not use this space.

33152

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. Between 19 & 20 on Cherry St. ..... Ward)

Registration District No. 399
Primary Registration District No. 10
File No.
Registered No. 3532

2. FULL NAME Irvin Words
(a) Residence, No. 1524 Troost 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 Negro.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF -

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 18-1920

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
17	5	10	

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. None
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) Mississippi

FATHER
13. NAME Willie Words
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

MOTHER
15. MAIDEN NAME Vaseline Words
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blaster Miss.

17. INFORMANT (ADDRESS) Willie Words 1524 Troost

18. BURIAL, CREMATION, OR REMOVAL
PLACE Blue Ridge DATE Sept. 1 1937

19. UNDERTAKER (ADDRESS) Doyle Bros 1708 Tracy Ave

20. FILED 9-1 1937 M. M. Crowe, Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 28 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....
I last saw him alive on ..... 19..... Death is said to have occurred on the date stated above, at 1:35 P. m.
The principal cause of death and related causes of importance were as follows:

Stubs Hypertrophy

67

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy 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? .....
If so, specify .....
(Signed) [signature], M. D.
(Address) [signature]