

REC'D MAY 10 1930

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

14072
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson
(b) Township Law
(c) City Kansas

Registration District No. 399
Primary Registration District No. 5002 Registered No. 1826
(d) Street No. Wheatley Bros. Shop St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S.; if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 415 Mary A. Alphin St.
2511 Highland (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF M^r Alphin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10 - 1868
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 70 9 20
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as 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) Siouxess

FATHER 13. NAME Isaac Jamison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Jane Vance

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) William Alphin
1820 N. Sarah St. Louis Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 5/23/30

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Statkings Bros
1729 Lydia

20. FILED May 23 1930 M. M. Browne
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/30 1930

22. I HEREBY CERTIFY That I attended deceased from April 20 to April 30, 1930
I last saw him alive on 4/20 1930 Death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:
Diabetes Mellitus
Postural leg
retinitis hemiparesis
Diabetes Mellitus

Name of operation No Clinical Date of 1946
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence), specify the following: Accident, suicide, or homicide? Accident Date of injury 4/20/30
Where did injury occur? Home (Specify car or train, factory, etc.)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury Dark footed car
Nature of injury bumbling car

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Diabetes Mellitus
(Signed) W. M. Alphin, M. D.
(Address) 1820 N. Sarah St. Louis Mo

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

or by *Robert Adams*

Registered Apprentice No. *178*, working under my personal supervision.

Signed *T. B. Hatkins*

Licensed Embalmer No. *2889*

P. O. Address *1729 Lydia*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.