

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.

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

Do not use this space.

32966

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township KearPrimary Registration District No. 1002City K.C. Mo.(No. Self Hospital)File No. 4195Registered No. 4195St. Mo. Ward 2

2. FULL NAME

(a) Residence. No. 1831 Paseo

(Usual place of abode)

St. Mo. Ward 2

(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

M

4. COLOR OR RACE

B

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)

Unknown

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Plasterer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Jamestown Mo.

10. NAME OF FATHER

Ben Crum

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Jamestown Mo.

12. MAIDEN NAME OF MOTHER

Emma Woods

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

California Mo.

14.

INFORMANT

(Address)

Gertrude Williams 1831 Paseo

15.

FILED

10/16/30 M. M. Browne
Asst
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

10-14-30

17.

I HEREBY CERTIFY, that I attended deceased from

....., 19....., to 19....., that I last saw him alive on 19....., and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Homicide - Firearms173

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

1 DID AN OPERATION PRECEDE DEATH? 48 DATE OF 10/14/30WAS THERE AN AUTOPSY? 48

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Dr. Crum(Address) Deputy Crum

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

California, Mo.10-18-30 19

20. UNDERTAKER

ADDRESS

Flynn + GreenstreetK.C. Mo.

