

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

Do not use this space.

1950

1. PLACE OF DEATH

County Jackson
Township Law
City Kansas City Mo.

Registration District No. 399
Primary Registration District No. 1002
No. 2013 Penn

File No. _____
Registered No. 2490
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2013 Penn St., 3 Ward.

(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 30 - 1899

7. AGE YEARS 92 MONTHS 5 DAYS 21 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

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) Monroeville Pa Mo

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Pa

15. MAIDEN NAME Unknown

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

17. INFORMANT Virgil Banes (ADDRESS) 2013 Penn Kansas City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE California Mo DATE June 23 1950

19. UNDERTAKER Williams & Frickinger (ADDRESS) California Mo

20. FILED 21 1950 M. Berone Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-21st 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-17th 1932 to 6-21 1932

I last saw him alive on 6-17th 1932 Death is said to have occurred on the date stated above, at 7:40 pm.

The principal cause of death and related causes of importance were as follows:

Intestinal Infection and Senility
IB 102 113
Other contributory causes of importance: Intestinal Infection & Senility

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

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) D A Mabry M. D.
(Address) 1700 Buntrock

WHITE PEARL, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

