

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

1 PLACE OF DEATH
County Jackson 896
Township Kaw Registration District No. 1002 File No. 21263
or
Village Primary Registration District No. Registered No. 2082
or
City Kansas City (No. St. Lukes Hospital St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Murlin DeAtley

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Single</u>
6 DATE OF BIRTH <u>Dec. 6 1901</u> (Month) (Day) (Year)		
7 AGE <u>14 yrs. 6 mos. 1 ds.</u>		If LESS than 1 day.....hrs. or.....min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Scholar</u> (b) General nature of industry business, or establishment in which employed (or employer) <u>1211 1001</u>		
9 BIRTHPLACE (City or town, State or foreign country) <u>Oklahoma</u>		
PARENTS	10 NAME OF FATHER <u>Arthur L. DeAtley</u>	
	11 BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Mo.</u>	
	12 MAIDEN NAME OF MOTHER <u>Grace Zimmerman</u>	
	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Mo.</u>	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Edna C. DeAtley
(Address) 3405 Montgail

15 Filed JUN - 7 1916 Paul Caprin
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
June 7 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from April 22 1916, to June 7 1916, that I last saw him alive on June 7 1916, and that death occurred, on the date stated above, at 630a m.

The CAUSE OF DEATH* was as follows:
Appendical abscess followed by thrombo phlebitis of mesenteric veins - Resection - Death
(Duration)..... yrs. 1 mos. 15 ds.

CONTRIBUTORY (Secondary) 108
(Duration)..... yrs. mos. ds.
(Signed) Geo. H. Hays M. D.
6/7, 1916. (Address) Beaumont Bldg.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death..... yrs. mos. 40 ds. In the State 13 yrs. mos. ds.
Where was disease contracted if not at place of death? Residence
Former or usual residence..... Lone Jack, Mo.

19 PLACE OF BURIAL OR REMOVAL Oak Grove, Mo. DATE OF BURIAL June 8 1916

20 UNDERTAKER W. H. Hancock's Chas. ADDRESS 111 E 9th St.

