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

Do not use this space. 1169

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No.

Township Kaw Primary Registration District No. 1002 Registered No. 193

City Kansas City (No. 906 Main st St. Ward)

2. FULL NAME Walter Paul Birlew

(a) Residence. No. 906 Main St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	divorced

5A. If Married, Widowed, or Divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) May 13 - 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	8	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Mail Carrier
(b) General nature of industry, business, or establishment in which employed (or employer) Country Club Station
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Fredonia Kansas

PARENTS

10. NAME OF FATHER Lafayette Birlew

11. BIRTHPLACE OF FATHER (city or town) (State or country) Penn

12. MAIDEN NAME OF MOTHER John Anna Peay

13. BIRTHPLACE OF MOTHER (city or town) Little Rock (State or country) Ark

14. INFORMANT Mrs Clara E Wey
(Address) 3820 so Benton

15. Filed Jan 16 1928 M. M. Crowe Asst Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day and year) Jan 14 1928

17. Deputy Coroner

I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 7:30 a. m.

The CAUSE OF DEATH* was as follows:
Pulmonary Embolus

115 / 115 / 90

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Pulmonary Emphysema

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) [illegible], M. D.

1/15, 1928 (Address) Deputy Coroner

*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
Fredonia Kansas	Jan 1928

20. UNDERTAKER	ADDRESS
Eylar Funeral Home	1800 Linwood

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.