

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

Do not use this space.

1376  
368

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
Township Kaw Primary Registration District No. 1002  
City Kansas City, Mo (No. 3003 McGee Street) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Wallace Calvin Rawdon

(a) Residence. No. 3003 McGee Street St. 3 Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ (OR) WIFE OF <u>Mrs. Anna M. Rawdon</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 28, 1851</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>7</u>
	DAYS <u>26</u>	IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. Telegraph operator  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Ohio  
(STATE OR COUNTRY)

10. NAME OF FATHER Calvin Rawdon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dont know  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Johnson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pa.  
(STATE OR COUNTRY)

14. INFORMANT Mrs. Annie M. Rawdon  
(Address) 3003 McGee St

15. FILED 1/26 30 M. M. Groves  
REGISTRAR Groves

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 24 1930

17. I HEREBY CERTIFY, That I attended deceased from 1-20-1930 to 1-24-1930, 1930  
that I last saw him alive on 1-24-1930, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral Apoplexy  
(duration) \_\_\_\_\_ yrs. mos. 4 ds.  
CONTRIBUTORY Arteriosclerosis  
(SECONDARY) (duration) Long time yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS? PM. Peubris M. D.  
(Signed) \_\_\_\_\_  
1/25 1930 (Address) 200 Argyle Bld.

\*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 Mt. Washington Cemetery DATE OF BURIAL 1/27 1930

20. UNDERTAKER Freeman Mortuary ADDRESS 104 W 42nd

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.

126  
2  
31  
2

Arthropods  
12 + 12