

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

Do not use this space.

8959

1. PLACE OF DEATH

County Wheeler
Township Kaw
City Kansas City (No. 3203 E 12)

Registration District No. 399
Primary Registration District No. 6102

File No. _____
Registered No. 1339
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3203 E 12 St. 12 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 6-1883

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
46 3 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work City Engineer
(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) Kansas

10. NAME OF FATHER Elias Sherlock

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Helen J. Park

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Canada

14. INFORMANT Evelyn Sherlock

(Address) K. C. Mo. 3407 - E - 16th.

15. FILED 3/26 1930 M. M. Crowe REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar - 25 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1929, to March 25, 1930, that I last saw him alive on March 23, 1930, and that death occurred, on the date stated above, at 5 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

metastatic carcinoma
of liver
44 B
40 B (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) carew head of paniers

(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF Jan 1930

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory

(Signed) H. H. Brydges, M. D.

3-26, 1930 (Address) Medical Bldg

*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

Elmwood

DATE OF BURIAL

Mar 27, 30

20. UNDERTAKER

Mrs. P. L. Forster

ADDRESS

K. C. Mo.

WRITE PLAINLY, 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.

1930

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V2 7134