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.

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

Do not use this space.
29967

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 3774
Township Kaw — Primary Registration District No. 4007 — Registered No.
City Kansas City — No. #2 East 11th St. — St. — Ward)

2. FULL NAME Eugene Kendall Squier
(a) Residence. No. Sherman Hotel 905 Locust 2 Ward.
(Usual place of abode) (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): single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 10 - 1885

7. AGE: YEARS 44 — MONTHS 10 — DAYS 1 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Lens Grinder
(b) General nature of industry, business, or establishment in which employed (or employer): J. A. Mott Optical Co 15 yrs
(c) Name of employer: #2 East 11th St

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas City Mo.

PARENTS
10. NAME OF FATHER: Chas. Sumner Squier
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Cumberland. Ohio
12. MAIDEN NAME OF MOTHER: Olla Etta Black 10-24-27
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Columbus. Ohio

14. INFORMANT (Address): James Squier 2902 Harrison

15. FILED 9-13, 1930 M M Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 11 1930 Thurs.

17. 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 8 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Stenosis
92 A
(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) 90 A
(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) Stanley M. Hall, M. D.
9-11, 1930 (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: Mt Washington — DATE OF BURIAL: 9-13, 1930

20. UNDERTAKER: Eylar Funeral Home — ADDRESS: 1800 Linwood