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

14176

1. PLACE OF DEATH

County Jackson — Registration District No. [illegible] — File No.

Township Kaw — Primary Registration District No. [illegible] — Registered No. [illegible]

City Kansas City, Mo (No. 3813 Bales Avenuen St. Ward)

2. FULL NAME George H. Studyvin

(a) Residence. No. 3813 Bales Avenue St., 14 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Anna Studyvin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 11, 1863

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
68	1	29	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired Farmer

(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) Illinois

PARENTS

10. NAME OF FATHER Jefferson Studyvin

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

12. MAIDEN NAME OF MOTHER Katherine Prather

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

14. INFORMANT Mrs. Anna Studyvin
(Address) 3813 Bales Avenue

15. FILED 4/10, 1931 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/10/31 19

17. I HEREBY CERTIFY, That I attended deceased from Apr 5, 1931, to Apr 10, 1931 that I last saw him alive on Apr 10, 1931, and that death occurred, on the date stated above, at 8:50 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary embolism

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Streptococcus infection of nose

(duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? no. DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) [illegible] M. D.

4-10, 1931 (Address) 1014 Angya Bldg KCMo

*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: Memorial Park Cemetery — DATE OF BURIAL: 4/11/31

20. UNDERTAKER: Freeman Mortuary, K.C.Mo — ADDRESS

Dr. A. B. Jones
Argyle Ala.