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

Do not use this space.

11325

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 1842
Township Raw — Primary Registration District No. 1002 — Registered No. 1842
City Kansas City (No. St. Mary's Hospital St. ..... Ward)

2. FULL NAME William T. Latham
(a) Residence. No. 3628 Forest Ave St., ... 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: Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1-20-1859

7. AGE: Years 72 — Months 2 — Days 28 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Lawyer 206
(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): Unknown 21

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Mrs J. E. Latham
(Address) 3628 Forest Ave

15. FILED 4/20, 1931 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4/18 1931

17. I HEREBY CERTIFY, That I attended deceased from 8-1, 1930, to 4-18, 1931, that I last saw him alive on 4-18, 1931, and that death occurred, on the date stated above, at 1130 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma Larynx
47A
107A (duration) ..... yrs. 8 mos. ..... ds.

CONTRIBUTORY (SECONDARY): Broncho Pneumonia
(duration) ..... yrs. ..... mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: R-P. Mo
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Lab.
(Signed) E. L. Riebel, M. D.
4/19, 1931 (Address) Kc Mo

*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 Cem. — DATE OF BURIAL: 4/20 1931

20. UNDERTAKER: Stine & McClure — ADDRESS: City

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.

Dr. E. L. Ruble 428 W. 59th St. Chi.
Ki 5544