

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

Do not use this space.

20892

**1. PLACE OF DEATH**

24 County Clay Registration District No. 198  
Township Fishing River Primary Registration District No. 3011  
City Excelsior Springs EXCELSIOR SPRINGS SANITARIUM St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. AMITY MISSOURI

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 3 mos. 4 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) Nov 29 - 1866  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
64 5 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banker  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Armstrong Co Pa (STATE OR COUNTRY)

13. NAME Robert J Hays

14. BIRTHPLACE (CITY OR TOWN) Pa (STATE OR COUNTRY)

15. MAIDEN NAME Margaret Becket

16. BIRTHPLACE (CITY OR TOWN) Pa (STATE OR COUNTRY)

17. INFORMANT Gordon Moore (ADDRESS) Amity Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE MARYSVILLE MO DATE JUNE 15 TH 1931

19. UNDERTAKER John C Prather (ADDRESS) Excelsior Springs Mo

20. FILED 6-25-31 W. D. Craven Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 14 TH 1931

22. I HEREBY CERTIFY, That I attended deceased from 6 - 4, 1930, to 6 - 14, 1931.  
I last saw him alive on 6 - 14, 1931. Death is said to have occurred on the date stated above, at 7 P. M.

The principal cause of death and related causes of importance were as follows:

Chronic interstitial nephritis  
588 diabetes mel  
131

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) W. D. Craven, M. D.

(Address) Excelsior Springs

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.

THIS IS A PE

WRITE PLAI

JUL 23 1931

Excelsior Spgs. Minn.  
Sept 27-1931

Dear Sirs -

I have a letter  
from Ill Traveling Men's  
Health Association  
332 So. Michigan Ave  
Chicago. I'm asking  
for a report on condi-  
tion of Jacob T. Kaep.  
He died here June 14-1931  
but Dr J. E. Baird, attending  
physician, made out  
death certificate. Jacob T.  
Kaep - So when I went  
to look up date death  
found Dr Baird had middle  
initial wrong - Since been  
verified by a letter from  
a sister - How can we  
change that on record  
S. D. Brown