

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

Do not use this space.
21703

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 501 W 43)

Registration District No. 100
Primary Registration District No. 100

File No. 2838
Registered No. 2838
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 501 W 43 St. 67 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Hamblin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-20-61

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>69</u>	<u>9</u>	<u>9</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Robinson Sho Co.
(b) General nature of industry, business, or establishment in which employed (or employer) Sales man 172
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Oseola Mo!
(STATE OR COUNTRY)

10. NAME OF FATHER Dr Pally

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

12. MAIDEN NAME OF MOTHER Lucinda Southerland

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

14. INFORMANT Mrs Margaret Hamblin
(Address) 501 W 43

15. FILED 6/29/31 M. M. Crover REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Monday June 29 1931

17. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1931, to June 29, 1931, that I last saw him alive on June 29, 1931, and that death occurred, on the date stated above, at 9 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Hepatitis
12/1 B
40 B

CONTRIBUTORY (SECONDARY) Cardiac Dilatation
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 95 B
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH _____ DATE OF _____

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IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH _____ DATE OF _____

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt Washington DATE OF BURIAL June 30 1931

20. UNDERTAKER Eylan Funeral Home ADDRESS 1800 Linwood

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.

Chamberlain 1884.