

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

25116

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 300
Township North Primary Registration District No. 1002
City Kansas City (No. Mercy Hospital) St. _____ Ward _____

File No. 3115
Registered No. _____
St. _____ Ward _____

2. FULL NAME Bernard Velosh Sailor

(a) Residence, No. 5408 E. 29th 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 <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 17, 1931</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) <u>Kansas City,</u> (STATE OR COUNTRY) <u>Mo.</u>		
FATHER	13. NAME <u>Buell B. Sailor</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Montgomery City,</u> (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Anna Bell Banks</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Youngstown</u> (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT <u>Buell B. Sailor</u> (ADDRESS) <u>5408 E. 29th</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. St. Mary's</u> DATE <u>July 18, 1931</u>		
19. UNDERTAKER <u>D. H. Newcomer's Sons</u> (ADDRESS) _____		
20. FILED <u>7/18, 1931</u> <u>W. M. Crowe</u> <u>Dist. Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 1931

22. I HEREBY CERTIFY, That I attended deceased from 7/18/31, 1931 to 7/18/31, 1931.

I last saw him alive on 7/18/31, 1931. Death is said

to have occurred on the date stated above, at 8 A. m.

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

Bronchopneumonia
10719 10712

Date of onset _____
Other contributory causes of importance: none

Name of operation _____ Date of _____
What test confirmed diagnosis? exam Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1931

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? No
If so, specify _____

(Signed) W. M. Howard, M. D.
(Address) Mercy Hospital
7/18/31

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.

