

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**

Do not use this space.

25216

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
 Township Raw Primary Registration District No. 1002 Registered No. 15317
 City Kansas City (No. St. Joseph's Hospital) Ward _____

2. FULL NAME

Adolph H. Board
 (a) Residence, No. 6017 Prospect Ave. 13 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 45 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. Minnie A. Board

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 11, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
66 6 15

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

FATHER 13. NAME Henri Board

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

MOTHER 15. MAIDEN NAME Elise Manenna

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

17. INFORMANT Mrs. Minnie A. Board
 (ADDRESS) 6017 Prospect Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE July 28, 1931

19. UNDERTAKER D. H. Helicopters Sons
 (ADDRESS) 2111 E. 19th St.

20. FILED 7-27-1931 M. M. Crowley
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1931, to July 26, 1931
 I last saw him alive on July 25, 1931 Death is said to have occurred on the date stated above, at 2:15 A.M.
 The principal cause of death and related causes of importance were as follows:

General Paralysis of the insane
1865 2 1/2 yrs. duration
1923
 Date of onset _____

Other contributory causes of importance:
Fracture of right femur

Name of operation Drum Date of _____
 What test confirmed diagnosis? X-Ray Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Fracture Date of injury 7-24, 1931
 Where did injury occur? On his own porch
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. In his home

Manner of injury Fell on account of mud slip
 Nature of injury Fracture of femur

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify _____
 (Signed) X Lewis Hess M. D.
 (Address) 1207 Thalia St. B. B. Co. Mo.

1207 Realto Bldg.

2:30-5