

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

Do not use this space.

34407

4121

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City, Mo. (No. 5910 Prospect)

Registration District No. _____
Primary Registration District No. _____

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

2. FULL NAME John Thomas Charles

(a) Residence. No. 5910 Prospect St. 15 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*) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura Charles

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 6, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
77 10 3

8. OCCUPATION OF DECEASED Mill Wright
(a) Trade, profession, or particular kind of work
(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) Tenn

10. NAME OF FATHER Joshua Charles

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs. Laura Charles
(Address) 5910 Prospect K.C. Mo.

15. FILED 10/10/31 M. M. Crawl REGISTRAR
dan.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 9, 1931 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1931 to Oct. 9, 1931 that I last saw him alive on Oct. 9, 1931, and that death occurred, on the date stated above, at 2:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
02A
97

CONTRIBUTORY (SECONDARY) Arteriosclerosis (duration) yrs. mos. ds. 3

(duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Spain
IF NOT IN PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Physical Examination
(Signed) Milton B. Case, M.D.
, 19 (Address) 1207 Rio St. Bldg. R.P.M.

*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 Springfield, Mo. DATE OF BURIAL 10-12-31 1931

20. UNDERTAKER R.V. Lindsey & Sons, Inc. ADDRESS K.C. Mo.

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.

