

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

Do not use this space.

1262

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City (No. Vineyard Park Hospital)

Registration District No. 399  
Primary Registration District No. 602

File No. \_\_\_\_\_  
Registered No. 300 (Ward)

**2. FULL NAME**

Eugene K. Corle

(a) Residence, No. 1112 Benton Boulevard st. 12 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 Grace Price Corle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Not known

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
About 70

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.  
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) Not known 31

FATHER 13. NAME J. F. Corle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania 2

MOTHER 15. MAIDEN NAME Elisabeth Smith

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

17. INFORMANT Mrs. Grace Price Corle  
(ADDRESS) 1112 Benton Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE Edmwood Cem. DATE Jan 27 1932

19. UNDERTAKER Stines, McAlister  
(ADDRESS) 3235 Hillman Place

20. FILED Jan 25 1932 M. M. Grove Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 24 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 1932 to Jan 24 1932  
I last saw him alive on Jan 24 1932. Death is said to have occurred on the date stated above, at P. m. 5:20  
The principal cause of death and related causes of importance were as follows:

Thrombosis of coronary arteries Date of onset 1-24-32  
92 A  
94 B  
97  
Other contributory causes of importance:  
Myocard Regurgitation  
arteriosclerosis 1929

Name of operation None 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 (D)  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_  
(Signed) J. G. Sheldon M. D.  
(Address) 204 Commercial Bldg  
St. Louis

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.

Dr. Simpson  
Vineyard Park Hospital  
604 Commercial St