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.

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

Do not use this space.

12552

File No.

Registered No. 1487

1. PLACE OF DEATH

County Jackson — Registration District No.

Township Kaw — Primary Registration District No.

City Kansas City (No. Trinity, Lutheran Hospital St. Ward)

2. FULL NAME Charles F. Insley

(a) Residence, No. 3504 Howard 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Katherine Insley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 7, 1888

7. AGE: YEARS 43 — MONTHS 7 — DAYS 29 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman Darby 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Corporation

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): Missouri

FATHER

13. NAME: Hamilton Insley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not known 31

MOTHER

15. MAIDEN NAME: Emma Rough

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not known

17. INFORMANT (ADDRESS)

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Mt. Washington Cem. DATE April 8, 1932

19. UNDERTAKER (ADDRESS) Stine & McClure 3235 Gillham Plaza

20. FILED 4/8, 1932 M. M. Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 3, 1932, to Apr. 6, 1932

I last saw him alive on Apr 6, 1932. Death is said to have occurred on the date stated above, at A. m. 9:30

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

Double Lobar Pneumonia

Date of onset

Other contributory causes of importance: 108 108 (1)

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

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 .....

Nature of injury .....

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

If so, specify .....

(Signed) Roy U. Stevens M.D., M. D.

(Address) 6547 Broadside Blvd

Dr Roy Stevens
63rd & Brookside
1. 5 P.M.