

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.

15-227  
**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Do not use this space.

12659

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. \_\_\_\_\_  
 Township Kaw Primary Registration District No. 1002 Registered No. 1598  
 City Kansas City, Mo. K.C. General Hosp St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Joe Waldo  
 (a) Residence, No. 7 Deeping Road 523 Grand Ave Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</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>Jan. 19 1884</u>			
7. AGE	YEARS <u>48</u>	MONTHS <u>2</u>	DAYS <u>27</u>
			If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>237</u>		
	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) <u>Penn</u>			
FATHER	13. NAME <u>Martin Waldo</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Holland</u>		
MOTHER	15. MAIDEN NAME <u>Katherine Paul</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Holland</u>		
17. INFORMANT (ADDRESS) <u>K.C. Gen. Hosp. K.C. Mo</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maple Hill</u> DATE <u>4-18-32</u>			
19. UNDERTAKER (ADDRESS) <u>St. Mary Funeral Home</u> <u>3146 Main St</u>			
20. FILED <u>4-15-32</u> 19 <u>32</u> M. M. Larome Registrar.			

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-15-32 to 4-15-32

I last saw him alive on 4-15-32 Death is said to have occurred on the date stated above, at 4:30 a.m.

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

Other contributory causes of importance:  
SIC 5/10  
(1)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_, 1932  
 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) P. E. Williams M. D.  
 (Address) 517 K.C. Gen. Hosp. K.C. Mo

