

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

Do not use this space.

12663

1602

1. PLACE OF DEATH

County Jackson
Township Rau
City Kansas City (No. 437 West 68th Terrace)

Registration District No. 609
Primary Registration District No. 1002

File No. 1602
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 437 West 68th Terrace St. Ward 8
(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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May-28-1850</u>		
7. AGE	YEARS	MONTHS
	<u>81</u>	<u>10</u>
		<u>18</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>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>
	13. NAME <u>Claude Cayot</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>France</u>
	15. MAIDEN NAME <u>Mary Gerole</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>France</u>
	17. INFORMANT (ADDRESS) <u>Mrs Herman Leonard</u> <u>437 West 68th Terrace</u>
18. BURIAL, CREMATION, OR REMOVAL PLA <u>Westphalia, Ia.</u> DATE <u>April 18, 1932</u>	
19. UNDERTAKER (ADDRESS) <u>John J. Shelham</u> <u>1400 Grand City mo</u>	
20. FILED <u>4/16, 1932</u> <u>Wm M. Crane</u> <u>Regist.</u>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16, 1932

22. I HEREBY CERTIFY That I attended deceased from May 9, 1932 to Apr. 16, 1932
I last saw him alive on Apr. 9, 1932 Death is said to have occurred on the date stated above, at 10.4 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic nephritis Date of onset 131
1060 / 3 / 0
Other contributory causes of importance: Pneumonia

Name of operation _____ 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 _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) B. S. Powell M. D.
(Address) 926 Meeker Ave

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.

W. B. Smith