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.
29187
3359

1. PLACE OF DEATH VETERANS' ADMINISTRATION HOSPITAL
County Jackson. Registration District No. 399
Township Primary Registration District No. 1003
City Kansas City. (No. , St. Ward)
File No.
Registered No.

2. FULL NAME CHRISTINE, Nigal Loring SPBW C- 528,850
(a) Residence, No. 713 W. 6th, Lawrence, Kansas. Ward. Pvt. 1/c Co. E. 353 Inf.
(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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ---
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29, 1895
7. AGE: Years 37; Months 5; Days 5; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, Mechanic.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Automobile. 264
10. Date deceased last worked at this occupation (month and year) Unknown.
11. Total time (years) spent in this occupation Unknown.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence, Kansas. 2

FATHER
13. NAME Sherman Christine.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania.

MOTHER
15. MAIDEN NAME Adeline Hatch.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence, Kansas.

17. INFORMANT Mrs. Ruth C. Wadham.
(ADDRESS) 912 Indiana, Lawrence, Kansas.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lawrence, Ks. DATE , 1932

19. UNDERTAKER Freemans Mortuary
(ADDRESS)

20. FILED 9/4 1932 M M Crowe
asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1932, to September 4, 1932
I last saw him alive on September 4, 1932 Death is said to have occurred on the date stated above, at 6:08 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic, far advanced, active "B"	Unknown
23A	

Other contributory causes of importance:

Name of operation None. Date of ---
What test confirmed diagnosis? X-Ray and Laboratory. 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? Unknown.
If so, specify

(Signed) C W Hughes, M. D.
(Address) C.W.HUGHES, Clinical Director, Veterans' Administration Hospital, Kansas City, Missouri.