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.

29287

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 3460
Township Kaw — Primary Registration District No. 100 — Registered No. 3460
City Kansas City (No. 2448 Euclid Ave. St. Ward)

2. FULL NAME Oscar Wesley
(a) Residence, No. 2448 Euclid Ave. St., 4 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 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: negro.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lillian Wesley.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 16, 1890.
7. AGE: YEARS 42 — MONTHS 3 — DAYS 19 (19) — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Common Labor.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 237
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): Lexington Mo. 1

FATHER
13. NAME: William Wesley.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Texas 2

MOTHER
15. MAIDEN NAME: Jenny Hughes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va.

17. INFORMANT (ADDRESS): Mrs. Daisy Tivis 1224 Tracy Ave.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Blue Ridge Lawn DATE: Sept 13, 1932
19. UNDERTAKER (ADDRESS): Adkin Bros. 2000 E 12th St.
20. FILED: Sept. 12, 1932 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1st, 1932, to Sept. 5th, 1932
I last saw him alive on Sept. 5th, 1932. Death is said to have occurred on the date stated above, at 11:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
93 A	

Other contributory causes of importance: (1)

Name of operation — Date of —
What test confirmed diagnosis? 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) Mina J. Holmes, M. D.
(Address) 1007 Indep. Ave.