

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.

35693

1. PLACE OF DEATH

County Jackson Registration District No. 389
 Township Kaw Primary Registration District No. 2002
 City Kansas City (No. Research Hospital) St. _____ Ward _____

File No. _____
 Registered No. 4194
 St. _____ Ward _____

2. FULL NAME Edwin R. Durham

(a) Residence, No. 3208 Broadway St. 5 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lottie McClure Durham</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 5, 1853</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>3</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>Clerk of U. S.</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>District Court</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) Illinois

13. NAME Johnathon Durham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

15. MAIDEN NAME Mary Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Mrs. Lottie Durham
 (ADDRESS) 2208 Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Moriah Cem. DATE 11-10-1932

19. UNDERTAKER Stine McClure
 (ADDRESS) 2235 Millham Place

20. FILED Nov. 9, 1932 M. M. Crab
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 7, 1932

22. I HEREBY CERTIFY That I attended deceased from Oct 19, 1932 to Nov 7, 1932
 I last saw him alive on November 7, 1932 Death is said to have occurred on the date stated above, at P. m. 9:35
 The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Gangrene Date of onset Oct 18.
Diabetes Mellitus
 Other contributory causes of importance: (D)

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? no 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) John L. Laph M. D.
 (Address) 1314 Professional Bldg

