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.

35854

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002 — File No. 4303
City Kansas City (No. 2904 Troost St. Ward) — Registered No.

2. FULL NAME John Robert Sublette
(a) Residence, No. 2904 Troost 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 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 May Sublette
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct, 14,1878
7. AGE YEARS 54 MONTHS 1 DAYS 6 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1 46B
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Ky 2

FATHER
13. NAME Virgal Sublette
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER
15. MAIDEN NAME Kathryn Butts
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

17. INFORMANT (ADDRESS) Mrs. May Sublet e 2904 Troost
18. BURIAL, CREMATION, OR REMOVAL
PLACE Marshall Mo. DATE 11/22/32, 19
19. UNDERTAKER (ADDRESS) R. V. Lindsey & Sons 3811 Broadway
20. FILED Nov. 21, 1932 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 20-32, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1932, to Nov 20, 1932
I last saw him alive on Nov - 20, 1932. Death is said to have occurred on the date stated above, at 6:30 P m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma of Stomach 46B

Other contributory causes of importance:
Malignant ulcer of stomach (1)

Name of operation None Date of
What test confirmed diagnosis? Physical Exam. 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? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Milton B. Caselholt, M. D.
(Address) 1207 Rialto Bldg. K. C. Mo.