

12-267

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

Do not use this space.

35963

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City Mo (No. 1111, W-38)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 4473
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1111 West 38 St. 13 Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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>Widower</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-26-1846</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>86</u>	<u>0</u>	<u>0</u>	<u>1</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired RR Eng</u>			
	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 _____			
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bowling Green Ky</u>			
	13. NAME <u>Clark Huderbrook</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bowling Green Ky</u>			
MOTHER	15. MAIDEN NAME <u>Mary Jane Jones</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bowling Green Ky</u>			
17. INFORMANT (ADDRESS) <u>W. J. Logan #1111 W 38th St</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Delia Mo</u> DATE <u>11/29</u> 19 <u>32</u>				
19. UNDERTAKER (ADDRESS) <u>OV Mack Home Inc 3146 Main St</u>				
20. FILED <u>Nov 28 1932 M. M. Brown Asst Registrar.</u>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-27 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1932, to Nov 27, 1932
I last saw him alive on Nov 27, 1932. Death is said to have occurred on the date stated above, at 5:40 pm.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
BVA
137 Corrosity J. J. W.
Other contributory causes of importance: (1)

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) Dr. W. H. Mearns, M. D.
(Address) 4050 Broadway N.E. Mo

Niswonger WTH.

4050 Broadway WTE 0716 - (9^{am})

~~1412 W. 39th St Logan 4420~~