

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

Do not use this space.

40100  
5109

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
Township Kaw Primary Registration District No. \_\_\_\_\_  
City Kansas City (No. Trinity Lutheran Hosp) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Orrick Mo. St. \_\_\_\_\_ 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

**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) Nov. 7 1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
18 1 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student  
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) Orrick, Mo. (STATE OR COUNTRY) \_\_\_\_\_

13. NAME Claude Rothrock

14. BIRTHPLACE (CITY OR TOWN) Orrick, Mo. (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME Lillie Wilhelm

16. BIRTHPLACE (CITY OR TOWN) Orrick, Mo. (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Claude Rothrock (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL by motor PLACE Orrick, Mo. DATE 1/1/32

19. UNDERTAKER Stone & M. S. Clure (ADDRESS) 3235 Durham Plaza

20. FILED 12-31 1932 M. M. Grogan Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-31 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 26 1932, to Dec 31 1932

I last saw him alive on Dec 31 1932. Death is said

to have occurred on the date stated above, at 3-2 a.m.

The principal cause of death and related causes of importance were as follows:

Intussusception of ileum Date of onset \_\_\_\_\_  
12-31-32  
Other contributory causes of importance: Post operative ileus (1)

Name of operation Resection of 3 feet of ileum Date of operation Dec 26-31  
What test confirmed diagnosis? Operation Was there an autopsy? Yes

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) W. B. Norbury M. D.  
(Address) 618 Professional Bldg

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.

