

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

Do not use this space.

9711

1315

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Kear Primary Registration District No. _____
 City Kansas City (No. St. Mary's Hospital) St. _____ Ward _____

File No. 1315
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME George Adriance Storm

(a) Residence, No. 1431 Walnut St. St. _____ 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

MEDICAL CERTIFICATE OF DEATH

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 Sarah Storm
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3 1865
 7. AGE YEARS 68 MONTHS 2 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cash Accountant
 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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-17-1933
 22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1933 to Mar 17, 1933
 I last saw him alive on Mar 17, 1933 Death is said to have occurred on the date stated above, at 12:35 P.
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset _____

Other contributory causes of importance:
Salesperson (sp. CNS)
hypertension & general
arteriosclerotic infection

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical & histological 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) [Signature] M. D.
 (Address) 1414 Parkside, N.C., Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
 13. NAME Adriance Storm
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.
 15. MAIDEN NAME Cassie Willis
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.
 17. INFORMANT Sarah Storm
 (ADDRESS) 1431 Walnut St.
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Memorial Park DATE 3/20, 1933
 19. UNDERTAKER Stone & McClure Co
 (ADDRESS) Kansas City, Mo.
 20. FILED 3-18, 1933 M. M. Brown
Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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