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

Do not use this space.

13357

File No. 1680

Registered No.

1. PLACE OF DEATH Veterans' Administration Hospital

County Jackson — Registration District No. 377

Township Kaw — Primary Registration District No. 1002

City Kansas City, Mo (No. , St. Ward)

2. FULL NAME MAPES, Richard — C-None 202-10

(a) Residence, No. 5415 Swift Ave. St., Ward. Reg. of Kansas Inf. Vol

(Usual place of abode) St. Joseph, Missouri. (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Cornelia Mapes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	59	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerical Work

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) Kansas

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Hospital records

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn Cem. DATE 4-15-33

Kansas City, Kans.

19. UNDERTAKER (ADDRESS) Freeman Mortuary Kansas City, Mo.

20. FILED 4-15, 1933 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 30, 1932 to April 13, 1933

I last saw him alive on April 13, 1933 Death is said to have occurred on the date stated above, at 4:05 P.M.

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

	Date of onset
Carcinoma of throat	Unknown
48F	
48C	
53B	

Other contributory causes of importance:

Metastases to mouth and chest	Unknown

Name of operation Gastrostomy Date of 4-7-33

What test confirmed diagnosis? Biopsy 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? —

If so, specify

(Signed) W. E. Chambers, M. D.

(Address) W. E. CHAMBERS, Med. Officer in Charge Vet. Adm. Hospital, Kansas City, Mo.

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.