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.

19670

File No. 2381

Registered No.

1. PLACE OF DEATH
County JACKSON Registration District No. 309
Township KAW Primary Registration District No. 1009
City KANSAS CITY (No. RESEARCH HOSPITAL St. Ward)

2. FULL NAME ARTHUR M. PAGE
(a) Residence, No. 7116-WASHINGTON St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 46 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~~ MRS. LUCY R. PAGE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DECEMBER-6-1886

7. AGE: YEARS 46 MONTHS 5 DAYS 29 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. INSURANCE BUSINESS
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. McCLUER WILBUR UNDERWRITING CO.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) TOPEKA (STATE OR COUNTRY) KANSAS

FATHER
13. NAME THOMAS ALEXANDER PAGE
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ENGLAND

MOTHER
15. MAIDEN NAME ALICE S. RANDALL
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) INDIANA

17. INFORMANT MRS. LUCY R. PAGE (ADDRESS) 7116-WASHINGTON

18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL DATE JUNE-6 1933

19. UNDERTAKER D.W. NEWCOMER'S SONS (ADDRESS) 2111-EAST-9TH ST.

20. FILED June 7, 1933 M. M. Corover Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE-5, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1933, to June 5, 1933
I last saw him alive on June 5, 1933. Death is said to have occurred on the date stated above, at 6:16 P m.
The principal cause of death and related causes of importance were as follows:

Acute Coronary Thrombosis — Date of onset
948
948

Other contributory causes of importance:
Coronary Sclerosis
Excessive physical strain

Name of operation Noye Date of
What test confirmed diagnosis Clinical 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) Carl R. Ferris, M. D.
(Address) 934 Argyle Bldg

Mr. Carl R. [illegible]
934 Argyle Bldg
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