

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

Do not use this space.

**26382**

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Vaw Primary Registration District No. 100  
 City Kansas City (No. 3626 Gould) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 3326

**2. FULL NAME** John H. Sivewright

(a) Residence, No. 3626 Gould St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Mary Sivewright</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 10th 1861</u>		
7. AGE YEARS <u>71</u>	MONTHS <u>10</u>	DAYS <u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>City Fireman</u>		
10. Data deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (CITY OR TOWN) <u>Kansas City</u> (STATE OR COUNTRY) <u>Missouri</u>		
13. NAME <u>Jno. Sivewright</u>		
14. BIRTHPLACE (CITY OR TOWN) <u>Scotland</u> (STATE OR COUNTRY)		
15. MAIDEN NAME <u>No Data</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>NO Data</u> (STATE OR COUNTRY)		
17. INFORMANT <u>Jno. Sivewright</u> (ADDRESS) <u>2701 East 30th Street</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union Cem.</u> DATE <u>8/21, 33</u>		
19. UNDERTAKER <u>W. F. Mayberry</u> (ADDRESS) <u>City</u>		
20. FILED <u>7/30</u> 19 <u>33</u> M. M. Corone Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 18th, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 9 1933 to Aug 18 1933  
 I last saw him alive on Aug 18 1933 Death is said to have occurred on the date stated above, at 6.40 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Lymphosarcomatosis Date of onset \_\_\_\_\_  
 Other contributory causes of importance: \_\_\_\_\_  
 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) Robert C. Swisher M. D.  
 (Address) 910 Argyle 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.

WHITE EARNEST, WITH UNPAIDING INK—THIS IS A PERMANENT RECORD

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