

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

Do not use this space.

26499  
3250  
3250

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
 Township Kan Tertiary Registration District No. \_\_\_\_\_  
 City Kansas City (No. Simpson - Myer Sanitarium St. \_\_\_\_\_ Ward)  
 3100 Euclid

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

**2. FULL NAME**

(a) Residence, No. Louisburg, Mo 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**

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>Mayme Richardson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE YEARS <u>49</u>	MONTHS	DAYS If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>94 1/2 8304</u>	
	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) <u>Unknown</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Mayme Richardson Louisburg, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE (ADDRESS) DATE <u>Louisburg, Mo Aug 14, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Hubb &amp; Taber 8 - Glenwood &amp; Main</u>		
20. FILED <u>8-15-33</u> <u>M. M. Crowe</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12th 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 9<sup>th</sup>, 1933, to Aug 12<sup>th</sup>, 1933. I last saw him alive on Aug 11<sup>th</sup>, 1933. Death is said to have occurred on the date stated above, at 2 AM (m). The principal cause of death and related causes of importance were as follows:  
Embolism of the Coronary artery of the heart  
 Other contributory causes of importance:  
Manic Depressive Psychosis (Manic type) associated with Epilepsy (Grand Mal)  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis Clinical 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) Herman S. Major, M. D.  
 (Address) 3100 Euclid Ave  
Kansas City, Mo

MARGIN RESERVED FOR BINDING

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.

SEP 26 1933

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