

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

Do not use this space.

26571

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kear Primary Registration District No. 1002
 City Kansas City (No. Trinity Lutheran Hospital) St. _____ Ward _____

File No. _____
 Registered No. 3317

2. FULL NAME

Iverson L. Churchill
 (a) Residence, No. 1804 Sterling Ave. Jud. St. No. Ward _____
 (Usual place of abode) (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/14/1869
 7. AGE YEARS 64 MONTHS 1 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 19, 1933
 22. I HEREBY CERTIFY That I attended deceased from 6-30-1933 to 8-19-1933
 I last saw him alive on 8-19-1933 Death is said to have occurred on the date stated above, at 4 P. m.
 The principal cause of death and related causes of importance were as follows:

Prognosis of left testicle of heel was removed about 18 months ago
 Other contributory causes of importance: 51

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.
 13. NAME C. S. Churchill
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.
 15. MAIDEN NAME Eneline Truyma
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.
 17. INFORMANT (ADDRESS) R. T. Gilbert Independence Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Macomb Ill. DATE 8/21/33
 19. UNDERTAKER (ADDRESS) Stearns & McClure Kansas City Mo.
 20. FILED 8/20 19 33 M. M. Lowme Registrar.

Name of operation left castration Date of 15th May
 What test confirmed diagnosis? Microscope 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) John H. Outland M. D.
 (Address) 1025 Rialto Way
AL 2100

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

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

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