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.

NOV 10 1933

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

Do not use this space.

32965

1. PLACE OF DEATH
County Jackson — Registration District No. 389 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 3894
City Kansas City (No. St. Marys Hospital St. Ward)

2. FULL NAME Dempsey W. House
(a) Residence, No. 3201 Bell St., 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Millie House

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 8-1876

7. AGE: YEARS 57 — MONTHS 7 — DAYS 23 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: R. R. Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: M.K. & T. Ry.
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: Daniel House
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Virginia Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Mrs. Millie House, 3201 Bell St. K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood DATE Oct. 3- 1933

19. UNDERTAKER (ADDRESS): Gates Funeral Home, Kansas City, Kansas.

20. FILED 10/3 1933 M. M. Crowe Assn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 1st - 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-29, 1933, to Oct 1 - 1933
I last saw him alive on Oct 1, 1933. Death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

Apoplexy (1st stroke several months ago) — Date of onset 9-29-33

Other contributory causes of importance: Hypertension, Chronic nephritis

Name of operation none — Date of —
What test confirmed diagnosis? Symptoms — 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) [signature], M. D.
(Address) Riverdale Ks