

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

Do not use this space.

36535

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Tow Primary Registration District No. 115
City Kansas City (No. 3234) Thompson

File No. _____
Registered No. _____
St. 4456 Ward _____

2. FULL NAME

(a) Residence, No. 3234 Thompson St., _____ Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</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>Lynna E. Wilmore</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 19, 1868</u>				
7. AGE	YEARS <u>64</u>	MONTHS <u>11</u>	DAYS <u>23</u>	If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salesman</u>				
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Russell Milling Co</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>Kentucky</u>				
13. NAME <u>Austin Wilmore</u>				
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>				
15. MAIDEN NAME <u>Callie Bradshaw</u>				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>				
17. INFORMANT <u>Eugene H. Wilmore</u> (ADDRESS) <u>1913 Scott St</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>FOREST HILL</u> DATE <u>Nov-14</u> 19 <u>33</u>				
19. UNDERTAKER <u>W. F. Newcomers Sons</u> (ADDRESS) <u>P.C. Mo.</u>				
20. FILED <u>11-18</u> 19 <u>33</u> <u>M. M. Crowe</u> <u>cash</u> Registrar.				

OCCUPATION

MOTHER / FATHER

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 11 1933

22. I HEREBY CERTIFY That I attended deceased from Sept 10 1932 to Nov 10 1933

I last saw him alive on 11 10 1933 Death is said

to have occurred on the date stated above, at 10:00 AM.

The principal cause of death and related causes of importance were as follows:

Coronary of Prestate

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) [Signature] M. D.

(Address) Y. E. Mo

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.

1933 1984

Dr. C. I. Conner
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W104