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.

JAN 8 1934

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

Do not use this space.

36602

4524

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. Lucerne Hotel St. Ward)

2. FULL NAME Louis Monte Kilburn

(a) Residence, No. Lucerne Hotel St., Ward. (If nonresident, give city or town and State)
(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.

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: Bertha Mae Kilburn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): November 13, 1899

7. AGE: YEARS 34 — MONTHS 0 — DAYS 4 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Manager of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Lucerne Hotel

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): Livingston County Missouri

FATHER

13. NAME: Louis M. Kilburn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Grundy County Missouri

MOTHER

15. MAIDEN NAME: Susan Kidrick

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Grundy County Missouri

17. INFORMANT (ADDRESS): Mrs Bertha Mae Kilburn Lucerne Hotel

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chula Mo DATE 19

19. UNDERTAKER (ADDRESS): Sline & McCleere 3225 Gillham Place

20. FILED 11-18, 1933 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 29, 1933, to Nov 17, 1933

I last saw him alive on Nov 17, 1933. Death is said to have occurred on the date stated above, at ....m.

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

Cerebral hemorrhage — Date of onset: Nov 17.

82 B
185 B
130

Other contributory causes of importance:

Hepatitis, nephritis, acute + ulcerative enteritis — July 1933

Name of operation: None — Date of ✓

What test confirmed diagnosis? ✓ — Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No — 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) P. T. Bohan, M. D.

(Address) Med. Arts Bldg K C Mo