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.

APR 25 1934

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

Do not use this space.

File No. 8979
Registered No. 1175

1. PLACE OF DEATH
County Jackson — Registration District No.
Township Kaw — Primary Registration District No.
City K.C. Mo. (No. 504 Benton St. Ward)

2. FULL NAME Clarence Overt
(a) Residence, No. 504 Benton 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: M.
4. COLOR OR RACE: Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 6-1865
7. AGE: YEARS 68 — MONTHS 3 — DAYS 7 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Race
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Horse Man
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) Illinois

FATHER
13. NAME John C. Overt.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

MOTHER
15. MAIDEN NAME No record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT (ADDRESS) M. W. Applebee 6644 Locust.
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Wash DATE Mar. 15 1934
19. UNDERTAKER (ADDRESS) Mrs. C. L. Forster 918 Brooklyn
20. FILED Mch 14 1934 M. M. Crowne Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 13, 1934
22. I HEREBY CERTIFY, That I attended deceased from 2/17, 1934, to 2/17, 1934
I last saw him alive on 2/17, 1934. Death is said to have occurred on the date stated above, at 1:30 P.M. 3/13/34
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Progressive Poliomyelitis	1932
16	
98B	
36	

Other contributory causes of importance: Expecimen from Gangrenous decumbitis of long standing

Name of operation ..... Date of .....
What test confirmed diagnosis? Phy finding Bethany Hosp Was there an autopsy? No

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) J W Sparks, M. D.
(Address) 1720 Central Ave K.C. Kansas