

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

Do not use this space.

24643

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township near Primary Registration District No. \_\_\_\_\_  
 City Kansas City (No. Mystery Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME John A. Jarrison  
 (a) Residence, No. 3724 Broadway 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 \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 12, 1869  
 7. AGE YEARS 64 MONTHS 10 DAYS 18 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. credit manager  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Goodman Tire & Rubber Co.  
 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) Oregon  
 FATHER 13. NAME Don't Know  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know  
 MOTHER 15. MAIDEN NAME Don't Know  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know  
 17. INFORMANT Dr. Mount (ADDRESS) Mystery Bldg.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Portland, Oregon DATE 7-20-34  
 19. UNDERTAKER Frisman Maryway (ADDRESS) 104 W. 42nd St  
 20. FILED July 20, 1934 M. M. Brown Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19<sup>th</sup>, 1934  
 22. I HEREBY CERTIFY, That I attended deceased from 7:00 P.M., 1934, to July 19<sup>th</sup>, 1934  
 I last saw him alive on July 18<sup>th</sup>, 1934. Death is said to have occurred on the date stated above, at 9:00 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Acute Gastritis Date of onset \_\_\_\_\_  
Appendicitis  
Chronic Diabetes  
Heat stroke  
 Other contributory causes of importance \_\_\_\_\_  
 Name of operation Appendectomy Date of 7-19-34  
 What test confirmed diagnosis? Lab. & 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) L. A. Martz, M. D.  
 (Address) 815 W. McFee

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.

AUG 21 1934

Dr. Wray  
815 - 1000

APR 26 1948