

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

Do not use this space.

SEP 20 1934

1. PLACE OF DEATH

County Jackson
Township Kearney
City Kansas City

Registration District No. 359

Primary Registration District No. 190

(No. Lakeside Hospital)

File No. 29285
Registered No. 3702
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 3441 Highland 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

Julia M. Slade

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Sept. 14 - 1873

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>61</u>	<u>10</u>	<u>24</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Electrician
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Troy, Penn.
(STATE OR COUNTRY)

10. NAME OF FATHER

Alfred Slade

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

unknown
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Maria Puckham

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

unknown
(STATE OR COUNTRY)

14. INFORMANT

Mrs. Julia M. Slade
(Address) 3441 Highland

15. FILED

89 34 M.M. Crown
1934 Asst REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

8/8 1934

17.

I HEREBY CERTIFY, That I attended deceased from 7/23, 1934, to 8/8, 1934
that I last saw him alive on 8/7, 1934, and that death occurred, on the date stated above, at 1:37 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of larynx + esophagus
47A
Primary larynx
46A (duration) 1 yrs. 6 mos. 47 ds.
111B pulmonary oedema
(SECONDARY) (duration) _____ yrs. _____ mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, in Kansas City, Mo.

DID AN OPERATION PRECEDE DEATH, no DATE OF _____

WAS THERE AN AUTOPSY, no

WHAT TEST CONFIRMED DIAGNOSIS, Troy

8/9 (Signed) Yale Cutler M.D.
1934 (Address) 2801 Flora, K.C. Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Forest Hill cemetery

DATE OF BURIAL

Aug. 10 1934

20. UNDERTAKER

Bert J. Miller

ADDRESS

K.C., Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impor.

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