

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

Do not use this space.

32811

OCT 17 1934

1. PLACE OF DEATH

County Jackson Registration District No. 395
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 1220 West 41st. St. _____ Ward _____)

File No. _____
 Registered No. 4147
 St. _____ Ward _____

2. FULL NAME

John C. Daniel

(a) Residence, No. 1220 West 41st St. 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 Ruth Lee Daniel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 28, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
75 7 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grease & Oil Bus.
 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) Independence Missouri

13. NAME Daniel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Arthur J. Daniel: 812 West 67 Terr.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kearney, Mo. DATE Sept. 11 1934

19. UNDERTAKER (ADDRESS) R. V. Lindsey & Sons 3811 Broadway

20. FILED 9-10-34 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1934 to Oct 9 1934

I last saw him alive on Oct 7 1934 Death is said to have occurred on the date stated above, at 4 P.M.

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

Acute dilatation of heart or Coronary occlusion
930
 Other contributory causes of importance: General arteriosclerosis Chronic myocarditis

Name of operation none Date of operation _____
 What test confirmed diagnosis? clinical 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? _____

If so, specify _____ (Signed) R. V. Lindsey, M. D.
 (Address) 1143 Grand

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.

