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.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

NOV 13 1934

Do not use this space.

36098

1. PLACE OF DEATH

County Jackson — Registration District No. 1008 — File No.

Township ~~Kaw~~ — Primary Registration District No. — Registered No. 4500

City Kansas City (No. 2425, Chelsa Ave, St. Ward)

2. FULL NAME John P. Crick

(a) Residence, No. 2425 Chelsa Ave St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 17 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~~ Mollie Crick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 29 1865

7. AGE: YEARS 69 — MONTHS 0 — DAYS 15 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

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) Don't Know

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 (ADDRESS) Mrs Mollie Crick 2425 Chelsa Ave,

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Memorial Park DATE Oct, 16, 1934

19. UNDERTAKER (ADDRESS) Freeman Mortuary & Chapel 104 West 42nd Street.

20. FILED Oct 16, 1934 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1934, to Oct 14, 1934

I last saw him alive on Oct 14, 1934 Death is said to have occurred on the date stated above, at 1:10 a.m.

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

Chronic Myocarditis — Date of onset 2 yrs 2 mos

131
93 c
950

131

Other contributory causes of importance: Chronic Nephritis — Don't Know
Cardiac & Renal Oedema

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

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?

If so, specify

(Signed) Will M Sams, M. D.

(Address) 2400 Cypress