

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

Do not use this space.

1646

MAR 20 1935

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Raw Primary Registration District No. 1002
City K.P. Mo (No. 501 Gladstone Blvd) St. 519 Ward

File No. _____
Registered No. _____
St. 519 Ward

2. FULL NAME

(a) Residence, No. 6740 College 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 Fe 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robt. H. Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-7-1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 1 24

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

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) England

13. NAME F. A. Turner

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

15. MAIDEN NAME No Record

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

17. INFORMANT R. S. Wilson
(ADDRESS) 7005 Indiana, av

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Feb-2-35

19. UNDERTAKER Mrs. C. L. Foster
(ADDRESS) 918 Brooklyn, av

20. FILED 2/1 35 on m Crowe east
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/31/35, 19

22. I HEREBY CERTIFY That I attended deceased from _____, 19____
I last saw him alive on _____, 19____ Death is said to have occurred on the date stated above, at 7:30 A. m.

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

Coronary Sclerosis
Ch. Fibrosus cordis
Ch. nephritis
Nephrolithiasis

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis Autopsy Was there an autopsy? Yes

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) Russell W. Kern, M. D.
(Address) Kansas City Mo

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.

