

WHITE 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.

MAR 20 1935

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

Do not use this space.

5310

1. PLACE OF DEATH

County Jackson Registration District No. 500
Township Kenn Primary Registration District No. 2621 Elmwood
City Kansas City, Mo (No. 2621 Elmwood)

File No. _____
Registered No. _____
St. 500 Ward)

2. FULL NAME Henry Francis Vaill

(a) Residence, No. 2621 Elmwood 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) WIDOWER

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 10, 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 5 26

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

13. NAME Lucus Vaill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

15. MAIDEN NAME Harriet Nash

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Mrs. Estella Daniel 2621 Elmwood, K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL; PLACE Memorial Feb 8 '35

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

20. FILED 77 35 M. M. Converse Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 6 '35 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 1914 to Sept. 6 1925
I last saw him alive on Sept 4 1925. Death is said to have occurred on the date stated above, at 8:45 P. M.
The principal cause of death and related causes of importance were as follows:

Myocardial Stenosis for 8 yrs.
92%
Other contributory causes of importance:
Suppurative Colic for 7 days
Senility

Name of operation _____ Date of _____
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? None 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) J. Henry Stovall M. D.
(Address) 2618 Durbin Kansas City

Dr. George
2618 Cleveland
11:00 a.m.