

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

Do not use this space.

MAR 20 1935

5491

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Blue Primary Registration District No. 1002
City Kansas City (No. 3901 East 43 st.)

File No. _____
Registered No. 783
St. _____ Ward _____

2. FULL NAME

Wm H. Letherwood
(a) Residence, No. 3901 East 43 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) Widow

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. _____ min.
about 68

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) unknown

FATHER 13. NAME unknown

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

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT Learning Report
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE Feb 28 1935

19. UNDERTAKER John J. Sheehan
(ADDRESS) Kansas City

20. FILED 20 1935 J. M. Grooms
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18 1935

22. I HEREBY CERTIFY that deceased from _____, 19____

I last saw Deputy Coroner _____, 19____. Death is said to have occurred on the date stated at _____, at _____ m.

The principal cause of death and treated causes of importance were as follows:
Primary thrombosis Date of onset _____
Chronic myocardial infarction

Other contributory causes of importance: hypertension

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy 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 to the body related to occupation of deceased? _____
If so, specify _____

(Signed) [Signature], M. D.
(Address) [Address]

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.

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