

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.

5616

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. Wesley Hosp.) St. _____ Ward _____

File No. _____
Registered No. 911
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward Adessa Mo.
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1935, to Feb. 27, 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jun 8, 1854

I last saw him alive on Feb. 27, 1935. Death is said to have occurred on the date stated above, at 11:5 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day. hrs. or min. 79 0 19

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

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

Ribroid obstructing prostate. Malignant Myocarditis. Chronic

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.

Other contributory causes of importance: Shock, post-operative.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

13. NAME Haras Newton

Name of operation Resection of prostate Date of Feb. 27, 1935

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

What test confirmed diagnosis? Prostate Was there an autopsy? no

15. MAIDEN NAME not known.

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

17. INFORMANT Dloyd Newton (ADDRESS) Adessa, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Adessa, Mo. DATE 2/28 1935

19. UNDERTAKER L. L. Husman (ADDRESS) Adessa, Mo.

20. FILED 2/27 1935 M. M. Leroy, Registrar.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify J. J. Mackay (Signed) _____ M. D. (Address) Wesley Hospital, K.C., Mo.

