

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

Do not use this space.

9208

APR 1 1935

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1007
 City Kansas City (No. 4235 Campbell Street) St. _____ Ward _____

File No. 1257
 Registered No. _____

2. FULL NAME James P. Somerville

(a) Residence, No. 4235 Campbell Street Ward _____

(Usual place of abode)
 Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 58 yrs. mos. ds. (If nonresident, give city or town and State)

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 Mrs. Maria Somerville
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18, 1864
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 10 28

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

13. NAME Calin C. Somerville

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

15. MAIDEN NAME Mary Ann Woodcock

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

17. INFORMANT E. M. Somerville
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Savannah, Mo. DATE Mar. 18 1935

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

20. FILED 3-16 1935 Mon Crowl
ASA Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from abt. Mar. 1933 to Mar. 16, 1935

I last saw him/her alive on Mar. 14, 1935 Death is said to have occurred on the date stated above, at 2 1/2 p.m.

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

Coronary Thrombosis Date of onset Feb.
Gen. Arterio-sclerosis abt. 1925

Other contributory causes of importance: 1931
Nephritis - many years.

Name of operation none Date of _____
 What test confirmed diagnosis? Phys. exam. 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? no
 If so, specify _____
 (Signed) Franc Herbert, M. D.
 (Address) Kans. City, Mo.
1025 Bialto Bldg.

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.

Dr. Frank Herbert

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