

JUN 24 1935

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

Do not use this space.

16436

1. PLACE OF DEATH

County Jackson  
Township Leane  
City K.C.

Registration District No. 399  
Primary Registration District No. 1002  
(No. St. Joseph Hosp)

File No. \_\_\_\_\_  
Registered No. 10112  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 1709 Southwest Blvd. 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) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Erminia Walburn  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 21, 1903  
7. AGE YEARS 31 MONTHS 8 DAYS 15 If LESS than 1 day, ..... hrs. or ..... min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver  
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) Kansas  
13. NAME Marion Walburn  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown  
15. MAIDEN NAME Belle Calhoun  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown  
17. INFORMANT Wife Erminia Walburn (ADDRESS) Kansas City, Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Osborne Kan. DATE May 7, 1935  
19. UNDERTAKER (ADDRESS) M. C. Montgomery  
Osborne Kansas  
20. FILED 5-7, 1935 M. M. Crowl Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6, 1935  
22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_  
I last saw h. alive on May 6, 1935 Death is said to have occurred on the date stated above, at 1045 p.m.  
The principal cause of death and related causes of importance were as follows:  
Date of onset \_\_\_\_\_  
Thrombosis middle cerebral & ant. sup. Cerebellar arteries & focal encephalomalacia. Fractured upper jaw, orbital. Other contributory causes of importance: roof base of skull, multiple lacunar about face.  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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 4-23, 1935  
Where did injury occur? Kansas City, Mo.  
914 Wyandotte (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in-home, or in-public-place.  
Manner of injury Struck in face by live wire.  
Nature of injury See above.  
24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) P. H. Owens, M. D.  
(Address) K. S. 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.

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WHITE FEMALE, WITH UNFADING MARKS—THIS IS A PERMANENT RECORD

