

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

Do not use this space.

16445

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Jackson Primary Registration District No. 1002
 City Kansas City (No. K.C. General Hosp) St. _____ Ward _____

2. FULL NAME

Aurley Jules
 (a) Residence, No. 2718 Myrtle Ave Ward _____ (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
85 2 3

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. none

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) Ill

13. NAME Unknown

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

15. MAIDEN NAME Whaling

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

17. INFORMANT (ADDRESS) Deirda Clark
12 C. Gen Hosp 12 C M

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 5/9 1935

19. UNDERTAKER (ADDRESS) Mrs G L Fowler

20. FILED 58 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-9 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-29 1935 to 5-9 1935

I last saw him alive on 5-7 1935 Death is said

to have occurred on the date stated above, at 10:30 AM

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

Arteriosclerotic gangrene of left foot
97

Other contributory causes of importance:

Generalized Arteriosclerosis

Name of operation _____ Date of _____

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

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1935

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? _____

If so, specify _____

(Signed) J. J. Gannett, M. D.

(Address) 12 C. Gen Hosp K C Mo

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.

