

37 84 1935

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

Do not use this space.

16631

1. PLACE OF DEATH

County Linn Registration District No. 399
Township 1002 Primary Registration District No. 1002
City Kansas City (No. KC General Hosp) St. 2163 Ward

2. FULL NAME

William Day
(a) Residence, No. 2030 Belmont 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 Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) no record
7. AGE YEARS 65 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.
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) unknown (STATE OR COUNTRY)

13. NAME unknown

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

15. MAIDEN NAME unknown

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

17. INFORMANT Record clerk (ADDRESS) K C S Hosp

18. BURIAL, CREMATION OR REMOVAL PLACE Seeds DATE 5-24-35 19.

19. UNDERTAKER Peter B. Laseberg (ADDRESS) 536 Campbell

20. FILED May 24 1935 M. M. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-3 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-3 1935 to 5-4 1935

I last saw him alive on 5-4 1935 Death is said to have occurred on the date stated above, at 11:45 PM

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

Bilateral Empyema, atelectasis Date of onset _____

Other contributory causes of importance: 121

Name of operation Appendec + explor 2 lb Date of 5-3-35

What test confirmed diagnosis? _____ 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? _____ If so, specify _____

(Signed) J. H. [Signature] M. D.
(Address) Gen Hosp

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.

