JUN 24 1935

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

Do not use this space.

File No. 16696

Registered No. 2209

1. PLACE OF DEATH

County JACKSON Registration District No. 399

Township ~~R-AW~~ Primary Registration District No. 1002

City KANSAS CITY (No. 5028 WYOMING St. ..... Ward)

2. FULL NAME CHARLES W. POSTON

(a) Residence, No. 5028 WYOMING St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
MALE	WHITE	MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ ROSE C. POSTON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE-2-1865

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
69	11	26	

OCCUPATION

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

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) WARRENSBURG (STATE OR COUNTRY) MISSOURI

FATHER

13. NAME F. S. POSTON

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

MOTHER

15. MAIDEN NAME NANCIE BOLTON

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

17. INFORMANT MRS. CLYDE MAUPIN (ADDRESS) 5028 WYOMING ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK DATE MAY 31, 1935

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) 2111 EAST 9TH ST.

20. FILED May 28, 1935 M. M. Conroy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY-28, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1935, to May 28, 1935

I last saw him alive on May 27, 1935. Death is said to have occurred on the date stated above, at 12:56 A.M.

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

	Date of onset
Cerebral Hemorrhage,	May 16-35

Other contributory causes of importance: Arterial Sclerosis,

Name of operation none Date of

What test confirmed diagnosis? clinical 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, 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) Chas. H. McSheehy M. D.

(Address) 514 Ruby 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.

512 Bryant Bldg
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