

JUN 21 1935

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

Do not use this space.

19716

255

1. PLACE OF DEATH

County Jackson

Registration District No.

Township Kaw

Primary Registration District No.

City Kan City (No. 104)

Ward Phillips

File No. 255

Registered No.

St. Ward

2. FULL NAME

(a) Residence, No. Michita Kan 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 10 - 1887</u>		
7. AGE	YEARS <u>45</u>	MONTHS <u>7</u>
	DAYS <u>18</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Saloonman</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Bond Co</u>	
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.	

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7 1935

22. I HEREBY CERTIFY That I attended deceased from Parson 19..... to 19.....

I last saw h. alive on 19..... Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Date of onset

Other contributory causes of importance:
Chronic Fibrosis Myocarditis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala

13. NAME James Gillespie

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

15. MAIDEN NAME Betty Goodwin

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

17. INFORMANT Mrs James Gillespie
(ADDRESS) Michita Kan

18. BURIAL, CREMATION, OR REMOVAL PLACE Michita Kan DATE 6/8 35

19. UNDERTAKER Haleyman
(ADDRESS) 8/8

20. FILED 8/8 19 35 M. M. Crone
Registrar.

Name of operation None 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 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) F. HOWERS , M. D.
(Address) Kans 5 mos

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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