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.

SEP 25 1935

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

Do not use this space.

23319

File No. 9004

Registered No.

1. PLACE OF DEATH

County: Jackson — Registration District No.: 319

Township: Raw — Primary Registration District No.: 1002

City: Kansas City, Mo (No. St. Joseph Hosp. St. Ward)

2. FULL NAME: Roosevelt Iglo

(a) Residence, No. Lexington Mo 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: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ethel Hurst

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 29-1903

7. AGE: Years 31 — Months 7 — Days 2 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

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): Ky.

FATHER

13. NAME: James B. Iglo

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

MOTHER

15. MAIDEN NAME: Alice Kratzer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

17. INFORMANT (ADDRESS): St Joseph Hospital Kansas City, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Lexington, Mo DATE: Aug -1- 1935

19. UNDERTAKER (ADDRESS): Mrs. C. S. Forster, 918 Brooklyn

20. FILED: 9/1 1935 M. M. Cromer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July -31- 1935

22. ~~I HEREBY CERTIFY~~, That I attended deceased from July 19 to July 31 1935

Last saw alive on ....., 19..... Death is said to have occurred on the date stated above, at ....m.

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

	Date of onset
Suppurative Mononeuritis (Staphylococcal)	
Secondary to	
Fractured Skull	
and Laceration of Brain	

Other contributory causes of importance:

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 7/18, 1935

Where did injury occur? Lexington, Mo (State, city or town, county, and State)

Specify whether injury occurred in industry, ~~in home, or in public place.~~

Manner of injury: Struck by falling gas pipe while working in coal mine

Nature of injury: Injured while in line of duty

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify

(Signed) [illegible] Dep Co M. D.

(Address) St Joseph Hosp KC Mo

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$= \frac{c}{d}$

$= \frac{b}{a}$