

AUG 19 1935

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

Do not use this space.

26434

1. PLACE OF DEATH

County Jackson Registration District No. 392
Township Kaw Primary Registration District No. 100
City Kansas City (No. 7549, Pennsylvania) St. _____ Ward _____

File No. 3181
Registered No. _____

2. FULL NAME Ulysses Claude DeBord

(a) Residence, No. 7549 Penn St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Althea M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/11/1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 4 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. chemical co.
10. Date deceased last worked at this occupation (month and year) 8/35 11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Willow Springs Mo.

13. NAME Drury S. DeBord

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

15. MAIDEN NAME Martha Cox

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

17. INFORMANT Mrs. U. C. DeBord (ADDRESS) 7549 Penn

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Park DATE 8/ 1935

19. UNDERTAKER Geo. H. Long Mortuary (ADDRESS) K C K

20. FILED P-10 1935 M. M. Crow, Dist Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/10 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-7 1935 to 7-10 1935

I last saw him alive on Aug 9 1935 Death is said to have occurred on the date stated above, at 3:50P

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

Urban
Brain aneurysm
6 da
Other contributory causes of importance _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy 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) Chas. Wilson, M. D.

(Address) 1201 Prof 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.

107 Dundas Ave

3500-3600 E

Chas.
Du Nelson 421 N. Ashbur