

SEP 25 1935

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

Do not use this space.

26453

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Gran

Primary Registration District No. 1002

City Kansas City (No. 1002)

General West

File No.

Registered No. 3200

St. Ward)

2. FULL NAME

(a) Residence, No. 1103 Charlotte 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 (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS 52 MONTHS DAYS If LESS than 1 day, hrs. or min.

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) Mo

13. NAME John Ramsey

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

15. MAIDEN NAME Mary Johnson

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

17. INFORMANT (ADDRESS) De u a Clerk K C Gen Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE Leeds DATE 5-12-35

19. UNDERTAKER (ADDRESS) Peter B. Sapeling 536 East 10th

20. FILED Aug 17 1935 M. M. Okerover Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-3 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-2 1935 to 8-3 1935

I last saw him alive on 7-3 1935 Death is said to have occurred on the date stated above, at 7:40 PM

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

Suetic Arteritis

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Other contributory causes of importance: Amasac; Hypertatic Bronchopneumonia

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 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) H. J. Bennett 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.

