SEP 25 1935

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

Do not use this space.

26556

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 3305

City Kansas City (No. St. Josephs' Hospital St. Ward)

2. FULL NAME Robert E Sliney

(a) Residence, No. 3523 Agnes 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 2 1885

| AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 50 | 6 | 17 | |

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk in Claim Dept

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Santa Fe R. R.

...te deceased last worked at ...his occupation (month and ...ear)

11. Total time (years) spent in this occupation

...CE (CITY OR TOWN) ...COUNTRY) Quincy Ill

Robert Sliney

FA... 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Haven Conn

MOTHER 15. MAIDEN NAME Anna Grant

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lockport New York

17. INFORMANT (ADDRESS) Miss Mary Sliney 3523 Agnes

18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys Cem DATE 8/22/35 19

19. UNDERTAKER (ADDRESS) Lewis & Tobin K. C. Mo

20. FILED Aug 21 1935 M. M. Crown Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 19 1935 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 18 1935, to Aug 19, 1935

I last saw him alive on August 19, 1935. Death is said to have occurred on the date stated above, at 7 P m.

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

| | Date of onset |
|---|---|
| Acute appendicitis (Ruptured) | 8-17-35 |
| Other contributory causes of importance: Peritonitis Septicemia | 8-19-35 |

Name of operation Appendectomy Date of 8-19-35

What test confirmed diagnosis? Phys. Signs 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) R W Anderson, M. D.

(Address) 724 Argyle Bldg

N. B.—Every item of information should be carefully ... be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it ... act statement of OCCUPATION is very important.

R. Anderson Argyle Bldg Hours 5009