

NOV 21 1933

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

Do not use this space.

32654

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Frank Primary Registration District No. 1002
City Kansas City (No. Trinity Lutheran Hospital) St. _____ Ward _____

File No. 3223

Registered No. _____

2. FULL NAME

(a) Residence, No. R 30 1 - Be Vista, Mo. St. _____ Ward. Be Vista, Kansas
(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 30, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 9 6

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
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) Waddell, Mo.

FATHER
13. NAME Walter Selden

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

MOTHER
15. MAIDEN NAME Emma Lane

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waddell, Mo.

17. INFORMANT (ADDRESS) Mrs. Anna Lane, Be Vista, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Be Vista, Mo. DATE Oct. 10, 1933

19. UNDERTAKER (ADDRESS) H. C. Sullivan, Kansas City, Mo.

20. FILED 10/27 3:57 P.M. Crowne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-6-35

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to 10-6-35, 1935
I last saw her alive on 12-6-34, 1934 Death is said to have occurred on the date stated above, at 9:20 P.M.
The principal cause of death and related causes of importance were as follows:

Embolism
Date of onset _____

Other contributory causes of importance:
Operated for removal of gall bladder Sept 24th 1935; (gall stones)
Name of operation Cholecystectomy Date of 9-24-34
What test confirmed diagnosis? _____ 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) John H. England M. D.
(Address) 1025 Be Vista, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

