

NOV 21 1935

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

Do not use this space.

32659

## 1. PLACE OF DEATH

County Jackson  
Township Law  
City Kansas City (No. St. Mary's Hospital)

Registration District No. 308  
Primary Registration District No. 1102

File No. \_\_\_\_\_  
Registered No. 2350  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Robert Joseph Caenen

(a) Residence, No. R. R. #1--Shawnee, Kansas 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 6, 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
0 9 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
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) Shawnee  
(STATE OR COUNTRY) Kansas

13. NAME Archille J. Caenen

14. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Kansas

15. MAIDEN NAME Elsie Leecher

16. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Kansas

17. INFORMANT A. J. Caenen  
(ADDRESS) Shawnee, Kansas

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Shawnee DATE Oct. 8, 1935

19. UNDERTAKER State Funeral Home  
(ADDRESS) Kansas City, Kansas

20. FILED 10/8, 1935 M. M. Croove  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1935, to Oct 7, 1935.  
I last saw him alive on Oct 7, 1935. Death is said to have occurred on the date stated above, at 10 A. m.

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

Bronchial Asthma  
Date of onset Aug. 1935

Other contributory causes of importance: Branchopneumonia  
(secondary) Oct 2, 1935

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? how 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) H. R. Dwyer, M. D.  
(Address) 430 Brotherhood Bldg. Kc, Kans.

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.

