

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.

DEC 26 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

35995

1. PLACE OF DEATH

County JacksonRegistration District No. 299Township YeanPrimary Registration District No. 1002City Kansas City(No. 7 C General Hosp)

File No.

Registered No. 4218

St.

Ward)

2. FULL NAME

(a) Residence, No. 2326 Terrace

(Usual place of abode)

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 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

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

March 12 1877

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

58721

OCCUPATION

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) (STATE OR COUNTRY)

Arkansas

MOTHER FATHER

13. NAME

Dave Patton

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

Arkansas

15. MAIDEN NAME

Mary Sipes

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

Arkansas

17. INFORMANT (ADDRESS)

Deputy Clerk K C Gen Hosp KCM

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Forest Hill

DATE

Nov 6 1935

19. UNDERTAKER (ADDRESS)

R W Lutz 4731 E. 13th St. Kansas City

20. FILED

Nov 4 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

11-3. 1935

22. I HEREBY CERTIFY, That I attended deceased from

10-311935

to

11-3, 1935

I last saw him alive on

11-31935

Death is said

to have occurred on the date stated above, at 11:30 a.m.

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

Atrophic Cirrhosis of liver

Date of onset:

Other contributory causes of importance:

Early myocardial degeneration

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

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)

J. J. General, M. D.

(Address)

K C Gen Hosp KCM

