

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

Do not use this space.

DEC 26 1935

36026

1. PLACE OF DEATH

County Jackson
Township Law
City Kansas City (No. Willow Hospital)

Registration District No. 399
Primary Registration District No. 1002

File No. 4249
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2929 main St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 13 mos. 13 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 19-1935
7. AGE YEARS ✓ MONTHS ✓ DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.

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) Kansas City Missouri

13. NAME Unknown

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

15. MAIDEN NAME Naomie Blair

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

17. INFORMANT (ADDRESS) J. Clemens P.N. 2929 main

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE Nov 8 1935

19. UNDERTAKER (ADDRESS) Caylor Funeral Home 75 E. Mo

20. FILED Nov 8 1935 M. P. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 1 1935
22. I HEREBY CERTIFY, That I attended deceased from Oct. 19 1935 to Nov 1 1935
I last saw h. alive on Oct 30 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:

Inanition

Date of onset Oct 19 35

Other contributory causes of importance: Congenitally feeble, Difficult feeding
Name of operation None Date of _____
What test confirmed diagnosis? None Was there an autopsy? no

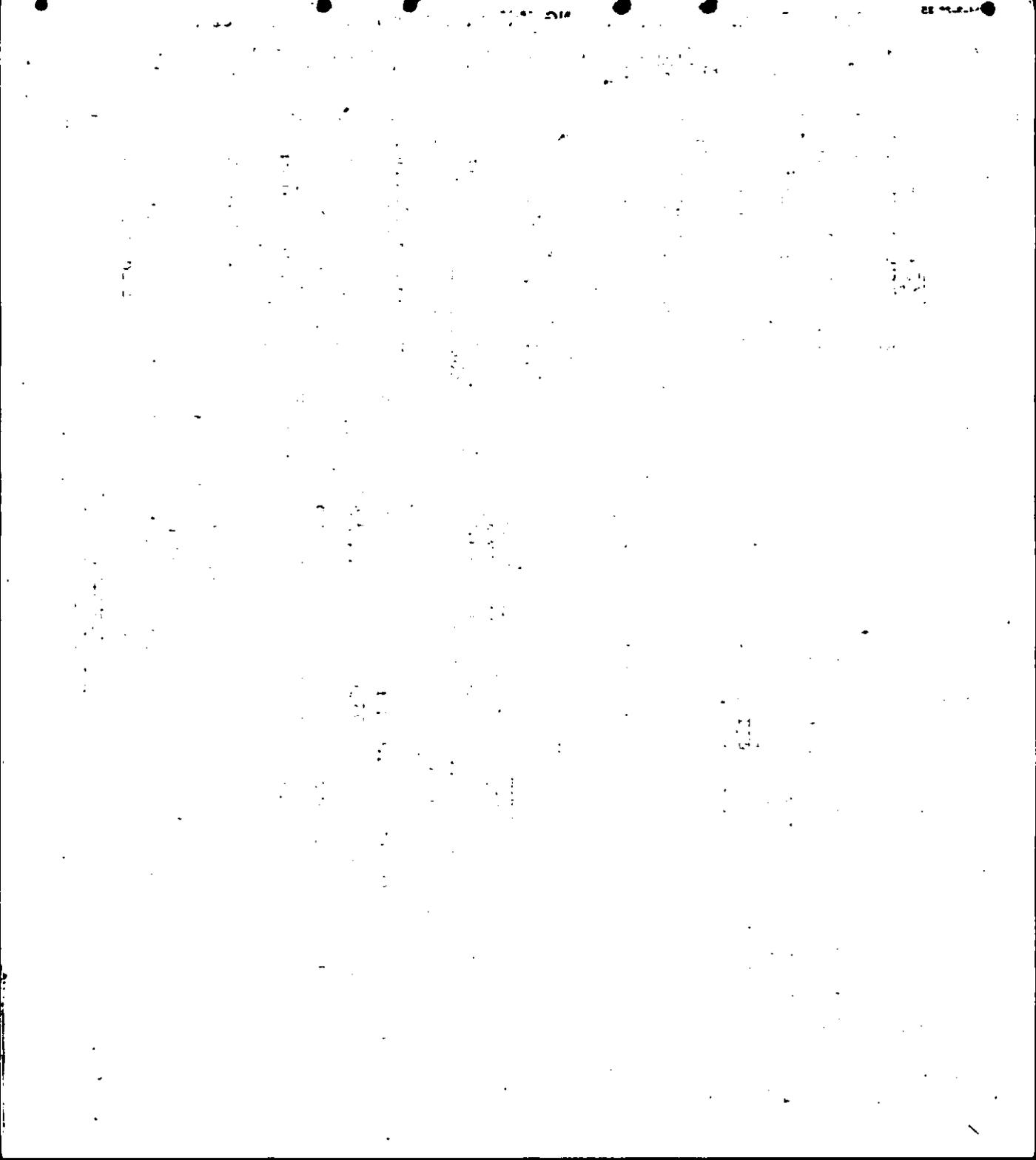
23. If death was due to external causes (violence), fill in also the following: Accident, suicide or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) A. L. Dwyer M. D.
(Address) 406 W 34th St

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.



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CERTIFICATE OF DEATH**

ALL INFORMATION CALL FOR
POL. MED. REPORTS, THIS SYSTEM IS
BECOME SUPPLEMENTARY.

1. PLACE OF DEATH

County Jackson
Township _____
City Kansas City (No. _____)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 4249
St. _____ Ward _____

2. FULL NAME Alast Blair

(a) Residence, No. _____ St., _____ 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED s (Write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19__

19. UNDERTAKER (ADDRESS)

20. FILED 11/8 1935 M. M. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 1 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h_____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

Transition
Not premature, no further information
Other contributory causes of importance:
Essentially feebleness
Difficult feeding

Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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. L. Dwyer, M. D.

(Address) 406 W. 34th St
Kansas City, Mo

SUPPLEMENTARY

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.

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