

DEC 26 1935

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

Do not use this space.

36129

4054

1. PLACE OF DEATH

County Jackson Registration District No.
Township Yarrow Primary Registration District No.
City Kansas City (No. KC General Hosp) St. Ward)

2. FULL NAME

(a) Residence, No. 515 1/2 E 64 St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 1893

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27 1893

7. AGE YEARS MONTHS DAYS (IF LESS than 1 day, hrs. or min.)
52 5 18

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) Bolivar Mo

13. NAME B F Castleman

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

15. MAIDEN NAME Nancy Purice

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

17. INFORMANT (ADDRESS) Peard Clerk KC Gen Hosp KC Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE 11-16-35

19. UNDERTAKER (ADDRESS) Peter B. Lipetich 536 East 1st

20. FILED 11/16 1935 M. W. Crowe and Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-14 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-13 1935 to 11-14 1935

I last saw him alive on 11-14 1935 Death is said to have occurred on the date stated above, at 12:00 m

The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset

Other contributory causes of importance:
108

Name of operation Date of operation
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. H. ... M. D.
(Address) KC Gen Hosp

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.

