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.

DEC 26 1935

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

Do not use this space.

36278

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City Mo (No. 7032 Paseo St. [illegible] Ward)
Registration District No. [illegible]
Primary Registration District No. [illegible]
File No.
Registered No.

2. FULL NAME Clarence Lawrence Sailor
(a) Residence, No. 7032 Paseo 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 (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Myrtle C. Sailor
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-4-1879
7. AGE YEARS 56 MONTHS 6 DAYS 19 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Traveling Salesman
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) Nov. 14-35
11. Total time (years) spent in this occupation 26 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia Pa.

FATHER
13. NAME William Sailor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia Penn.

MOTHER
15. MAIDEN NAME Julia Clark
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia Penn.

17. INFORMANT (ADDRESS) Mrs. Myrtle C. Sailor 7032 Paseo
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah Cem DATE Nov. 27 1935
19. UNDERTAKER (ADDRESS) R. V. Lindsey & Sons 3811 Broadway
20. FILED 11-26 1935 M. M. Crowe, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 23, 1935
22. I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1935, to Nov. 23, 1935
I last saw him alive on Nov. 23, 1935. Death is said to have occurred on the date stated above, at 9.15 P.m.
The principal cause of death and related causes of importance were as follows:
Chronic Nephritis with Myocardial Decompensation and edema.
Acute dilatation heart.
Date of onset
Other contributory causes of importance:
Name of operation Date of
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?
If so, specify
(Signed) Geo. H. Jones, M. D.
(Address) 80th & Paseo

NOV 22 1950