

JAN 3 1935

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

Do not use this space.

1. PLACE OF DEATH

County Jackson  
Township Kaw  
City Kansas City (No. 1623, East 33rd St.)

Registration District No. 399  
Primary Registration District No. 1002

File No. 39565  
Registered No. 4706 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Walter R. Padfield

(a) Residence, No. 1623 East 33rd Street, St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Bernice Padfield</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 27, 1873</u>				
7. AGE	YEARS <u>62</u>	MONTHS <u>6</u>	DAYS <u>13</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	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. <u>Real Estate</u>			
	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) <u>Pennsylvania</u>				
MOTHER, FATHER	13. NAME <u>Don't know</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>			
	15. MAIDEN NAME <u>Don't Know</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't Know</u>			
17. INFORMANT <u>Mrs. Bernice Padfield</u> (ADDRESS) <u>Kansas City, Missouri</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Slater, Missouri</u> DATE <u>Dec. 12</u> , 19 <u>35</u>				
19. UNDERTAKER <u>Freeman Mortuary</u> (ADDRESS) <u>Kansas City, Missouri</u>				
20. FILED <u>Dec 11</u> 19 <u>35</u> <u>M. M. Brown</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-10-35, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/27/35, 1935, to 12/10/35, 1935.  
I last saw him alive on 11/10/35, 1935. Death is said to have occurred on the date stated above, at 6:59 m.  
The principal cause of death and related causes of importance were as follows:  
Cancer of liver  
Date of onset \_\_\_\_\_

Other contributory causes of importance \_\_\_\_\_  
NO

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Biopsy Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? NO Date of injury \_\_\_\_\_, 1935.  
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) W. H. Blaney, M. D.  
(Address) 1123 9th St.

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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D. R. R. Coffey  
Professional Bldg.

12:30 - 5 P.M.