

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

Do not use this space.

JAN 23 1936

39650

1. PLACE OF DEATH

County JACKSON
Township RAW
City KANSAS CITY (No. 215 OLIVE)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 47115
St. _____ Ward _____

2. FULL NAME WILLIAM ALLEN CADE

(a) Residence, No. 215-OLIVE St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 45 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. JESSIE E. CADE</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>JULY-14-1876</u>		
7. AGE	YEARS <u>59</u>	MONTHS <u>5</u>
	DAYS <u>3</u>	IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <u>ADVERTISING DEPT.</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>SOUTHWESTERN BELL TELEPHONE CO.</u>		
10. Date deceased last worked at this occupation (month and year) <u>7-3-34</u>		11. Total time (years) spent in this occupation <u>16</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DECEMBER 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from DEC 5 1935, to DEC 17 1935

I last saw him alive on DEC 17 1935 Death is said to have occurred on the date stated above, at 11:53A m.

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

Coronary thrombosis
bronchial pneumonia

Other contributory causes of importance:
Hypertension

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 _____, 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?
If so, specify no

(Signed) Delan G. Williams, M. D.
(Address) 806 Prof Bldg.

OCCUPATION	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>LEAVENWORTH KANSAS</u>
	13. NAME <u>CAPT. WILLIAM A. CADE</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>UNKNOWN</u>
	15. MAIDEN NAME <u>UNKNOWN</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>UNKNOWN</u>
	17. INFORMANT (ADDRESS) <u>MRS. JESSIE E. CADE 215-OLIVE ST.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>MT. WASHINGTON</u> DATE <u>DECEMBER 17, 1935</u>	
19. UNDERTAKER (ADDRESS) <u>D.W. NEWCOMER'S SONS KANSAS CITY, MISSOURI</u>	
20. FILED <u>Dec 18 1935 M.M. Cronin</u> Registrar.	

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.

806 Professional Bldg.

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