

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

Do not use this space.

JAN 13 1936

39879

1. PLACE OF DEATH

Country Jason Registration District No. 399
 Township Jason Primary Registration District No. 1002
 City Kansas City (No. W.C. General Hosp.) St. _____ Ward _____

File No. _____
 Registered No. **5026**
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 219 Admiral Blvd 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 <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 1st 1856</u>		
7. AGE	YEARS	MONTHS
	<u>74</u>	<u>9</u>
		DAYS
		<u>unk.</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>		
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) Scotland

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) Peora Clark

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem. Lawrence, Mo. DATE 1-6-35

19. UNDERTAKER (ADDRESS) Peter B. Lopeteg

20. FILED Dec 31st 1935 M. M. Osborne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-31, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-30, 1935, to 12-31, 1935. I last saw her alive on 12-31, 1935. Death is said to have occurred on the date stated above, at 3:30 P.M.. The principal cause of death and related causes of importance were as follows:

Ascending Pyelonephritis
Chronic Myocarditis

Other contributory causes of importance:
Bronchopneumonia

Name of operation _____ Date of _____
 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 _____, 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) W. C. Stanley, M. D.
 (Address) Supr. W. C. General Hosp. Kansas City, Mo.

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.

85888

