

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

Do not use this space.

1266

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township J. Fair Primary Registration District No. 1002
 City Kansas City (No. St. Josephs Hosp)

File No. _____
 Registered No. 119
 St. _____ Ward _____

2. FULL NAME Edward De Louis

(a) Residence, No. 144 So. E. Lincoln St. Ward. _____
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Bertha Page DeLouis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 13-29-1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 9 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman
 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. 47

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keokuk, Iowa

MOTHER FATHER 13. NAME Henry D e Louis

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

MOTHER 15. MAIDEN NAME Anna Braun

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT Baraw De Louis
 (ADDRESS) 922 E. 30th

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE Jan 10 1936

19. UNDERTAKER Sheil Funerale Home
 (ADDRESS) 6606 Independence Ave.

20. FILED Jan 9 1936 M. M. Brown
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28 1935, to Jan 7 1936.
 I last saw h. alive on Jan 7 1936. Death is said to have occurred on the date stated above, at 7:30 P.m.

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

Cancer of the neck?
(Not proven)

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) W. H. Gist, M. D.
 (Address) _____

