

FEB 20 1936

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

Do not use this space.

1300

1. PLACE OF DEATH

County Jackson
Township _____
City Kansas City (No. 4315 State Line)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 155
St. _____ Ward _____

2. FULL NAME Curtis B. Needham Sr.

(a) Residence, No. 4315 State Line 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9 . 19 36

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Needham

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1 1936, to Jan. 9 1936
First saw h. alive on Jan 8 1936 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7, 1857
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
78 11 2

Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Paralysis agitans 1930
Cerebral Degeneration
Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

Arteriosclerosis 1930

13. NAME Curtis B. Needham

Name of operation None Date of _____
What test confirmed diagnosis? Exam Was there an autopsy? Yes

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

15. MAIDEN NAME Margaret Waller

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

17. INFORMANT Mrs. Ida Needham
(ADDRESS) 4315 State Line

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Moriah DATE Jan. 11 1936

19. UNDERTAKER Lotts Funeral Home
(ADDRESS) Kansas City, Kansas

20. FILED Jan 10 1936 M. M. Cerome
Registrar.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Eugene H. Ferguson, M. D.
(Address) 1810 W 45 St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

