

FEB 20 1936

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

Do not use this space.

1597

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Franklin Primary Registration District No. 1092
City Kansas City (No. 6045 Brook Parkway) St. _____ Ward _____

File No. _____
Registered No. 451
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 6045 Brook Parkway 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 12-1847
7. AGE YEARS 88 MONTHS 3 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) West Virginia
13. NAME Wm. Adams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morganstown W. Va
15. MAIDEN NAME Matilda Crell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

17. INFORMANT Ma. J. Anderson (ADDRESS) 6045 Brook Parkway

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Jan 30 1936

19. UNDERTAKER R. V. Lindsey & Sons (ADDRESS) 3811 Adway

20. FILED 1/29 1936 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28 1936
22. I HEREBY CERTIFY, That I attended deceased from Dec 2 1935 to Jan 28 1936
I last saw him alive on Jan 28 1936. Death is said to have occurred on the date stated above, at 4:00 Pm.

The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Fracture of Right knee from fall in the room Dec 2 1935
Other contributory causes of importance:
Arterial Sclerosis
Hypertension

Date of onset Dec 1935

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? No
If so, specify _____
(Signed) A. A. Grobs M. D.
(Address) 2321 E 30th St
Kansas City Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

