

FEB 20 1936

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

Do not use this space.

1642

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Yean Primary Registration District No. 1002
City Kansas City (No. KC Gen Hosp)

File No. _____
Registered No. 495
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Carroll 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

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 7 7

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Germany

MOTHER FATHER
13. NAME John Brown

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

15. MAIDEN NAME Marguerite

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

17. INFORMANT (ADDRESS) Deputy Clerk KC Gen Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE Yorkville Mo. DATE 1-31-36

19. UNDERTAKER (ADDRESS) Pete B. Lapetina 526 Campbell

20. FILED 1-31-36 Registrar. M. M. Brown

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28 1936

22. I HEREBY CERTIFY That I attended deceased from Jan 26 1936 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 11:50 A.M.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis with Cardiac de- Compensation Date of onset _____

Other contributory causes of importance: AS

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 _____
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) J. H. [Signature] M. D.
(Address) KC Gen Hosp

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.

