

APR 23 1936

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

Do not use this space.

10466

1. PLACE OF DEATH

County Jackson Registration District No. 399Township LeawPrimary Registration District No. 1007City Kansas City (No. Research Hospital)File No. _____
Registered No. 1105
St. _____ Ward _____2. FULL NAME Charles W. Romary(a) Residence, No. Lebo Kans. 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 Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1, 19365A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Jessie Romary22. I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1936, to March 1, 1936I last saw him alive on Feb. 29, 1936. Death is said6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-29-1900to have occurred on the date stated above, at 2:30 P.M.

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

7. AGE YEARS MONTHS DAYS

35

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

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) Kansas

FATHER

13. NAME Charles E. Romary14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

MOTHER

15. MAIDEN NAME Helen Whaley16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky17. INFORMANT (ADDRESS) Charles Romary
Lebo Kans.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lebo Kans., DATE 2/3, 193619. UNDERTAKER (ADDRESS) Street No. Clark U. Co
St. Louis, Mo.20. FILED 3/1, 1936 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1, 193622. I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1936, to March 1, 1936I last saw him alive on Feb. 29, 1936. Death is saidto have occurred on the date stated above, at 2:30 P.M.

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

Hemolytic Streptococcus Date of onset 2-19-36
Cellulitis of the left arm and shoulder

Other contributory causes of importance:

Toxic Hepatitis 1936 2-28-36Name of operation Multiple drainage of abscess Date of 2-26-36What test confirmed diagnosis? Clinical Was there an autopsy? no23. 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) Paul H. Ferris, M. D.(Address) 934 44th St. Bldg

de Carl Ferris ja 4083

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1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
 Township _____ Primary Registration District No. 1002 Registered No. 1105
 City Kansas City (No. _____) St. _____ Ward _____

2. FULL NAME

Charles W. Romary
 (a) Residence, No. _____ 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 1 1936

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

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

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 35

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

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

Cellulitis of the left arm at shoulder joint. Strep. locis.

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

Other contributory causes of importance: Straining to tack legs laid down, a few weeks prior to onset of streptococcal infection in that joint. Injury occurred at work on his farm. Was there an autopsy?

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED 3/1 1936 M. M. Crowe Registrar.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Accident Date of injury Jan 15, 1936
 Where did injury occur? Home Causal (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. At work on his farm

Manner of injury Reveal - striking legs
 Nature of injury Strain on legs, leg laid breaking etc.

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) Carl R. Ferris M. D.
 (Address) 934 Argyle Bldg

SUMMARY

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

10466

