

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

Do not use this space.

APR 23 1936

10481

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Jean Primary Registration District No. 1002
 City Kansas City No. 2453 Bales St. _____ Ward _____

File No. _____
 Registered No. 1132
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2453 Bales 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 <u>M</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Belle Clarkson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-16-1859</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>11</u>
	DAYS <u>16</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>City Emp.</u>	
	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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2, 1936

22. I HEREBY CERTIFY That I attended deceased from Jan 1936 to March 2, 1936
 I last saw alive on Feb-28, 1936 Death is said to have occurred on the date stated above, at 5:10 P.M.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of larynx, Arteriosclerotic Heart disease with Auricular Fibrillation Date of onset _____

Other contributory causes of importance: H1

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) S. J. Jensen M. D.
 (Address) Spitzer Gen Hospital

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>
	13. NAME <u>John Clarkson</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>
	15. MAIDEN NAME <u>Anna Doughitt</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>
	17. INFORMANT (ADDRESS) <u>Mrs. Belle Clarkson, 2453 Bales, Arroll</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Hill</u> DATE <u>3/4/36</u> , 19____	
19. UNDERTAKER (ADDRESS) <u>Mrs. C. L. Forster, 7/8 Broadway Avenue</u>	
20. FILED <u>3</u> , 19 <u>36</u> M. H. Brown Registrar.	

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.

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

