

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

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APR 23 1936

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1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Jean Primary Registration District No. 1002
City James City, Gen Hosp

File No. _____
Registered No. 1185
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 805 E 13th St., _____ Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 13 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		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 25 - 1870</u>		
7. AGE YEARS <u>66</u>	MONTHS <u>1</u>	DAYS <u>9</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>retailer</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) 3-4, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-3, 1936 to 3-4, 1936

I last saw him alive on 3-4, 1936 Death is said to have occurred on the date stated above, at 7:05 pm

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

Perinephritic abscess; Desquamated varicella Date of onset _____

Other contributory causes of importance:
Hemorrhage from ruptured varicella

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 _____, 1936

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

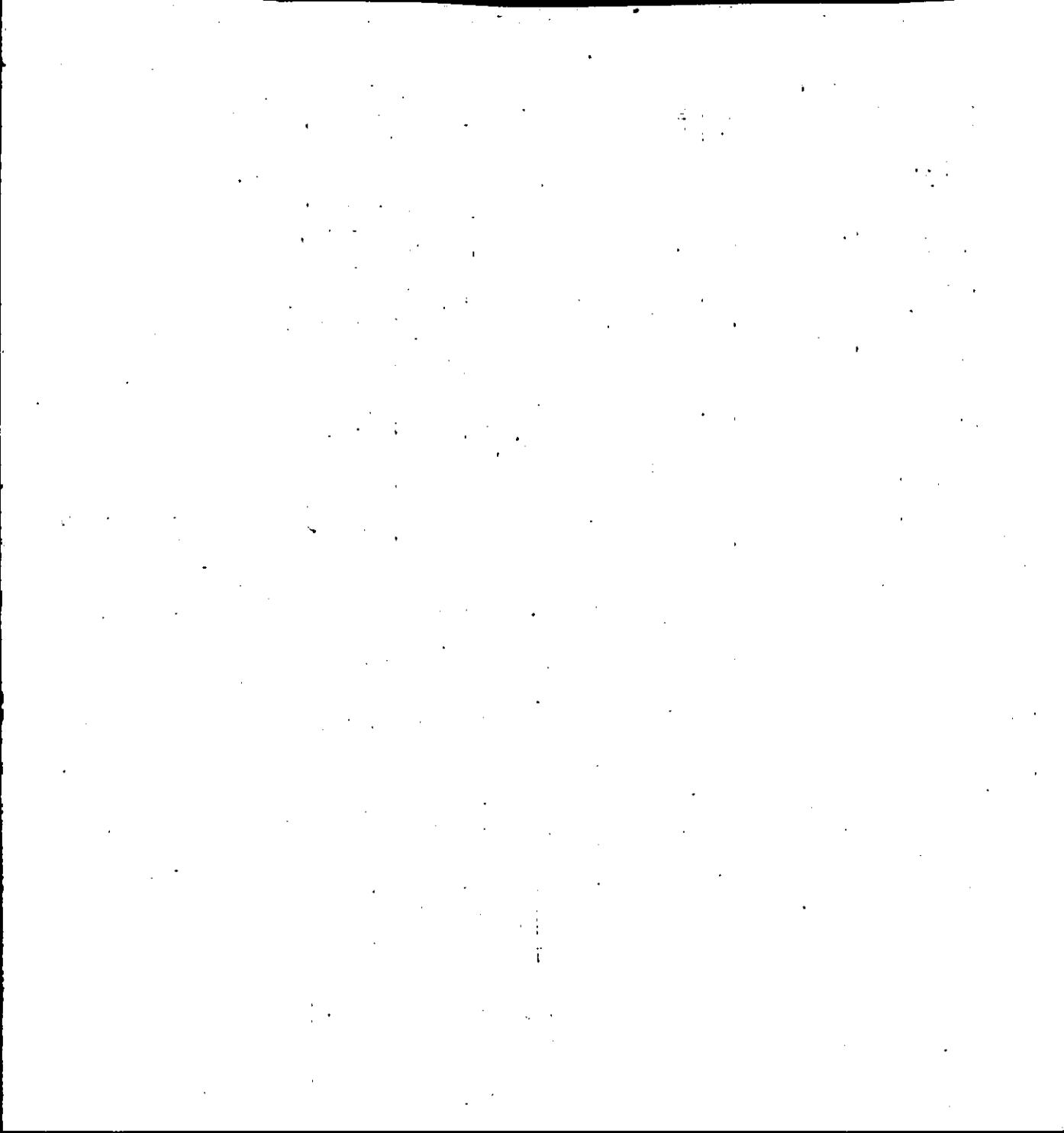
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

(Signed) E. H. Gammell M. D.
(Address) Gen Hosp

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N Carolina</u>
	13. NAME <u>Peter Peeler</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>S. Carolina</u>
	15. MAIDEN NAME <u>Louise Bath</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>S. Carolina</u>
17. INFORMANT (ADDRESS) <u>Gen Hosp</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt Hope</u> DATE <u>Feb-6</u> , 19 <u>36</u>	
19. UNDERTAKER (ADDRESS) <u>Newcomers Sons</u> <u>Kansas city - Mo.</u>	
20. FILED <u>Mar 36</u> <u>M. M. Kerdon</u> Registrar.	

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



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1. PLACE OF DEATH

County Jackson
Township.....
City Kansas City (No.)

Registration District No. 399
Primary Registration District No. 1002

File No.
Registered No. 1185-
St. Ward

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

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) 3 - 4 . 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. 66 1 9

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

8. Trade, profession, or particular kind of work done, as pianer, 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.....

Perinephritic abscess
metastatic carcinoma
(traumatic)

Date of onset

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

Other contributory causes of importance:
1530

13. NAME

Name of operation..... Date of.....

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

What test confirmed diagnosis?..... Was there an autopsy?.....

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....

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

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS)

Manner of injury.....
Nature of injury.....

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

24. Was disease or injury in any way related to occupation of deceased?.....

19. UNDERTAKER (ADDRESS)

If so, specify..... (Signed) J. H. Jennett, M. D.

20. FILED 275 19 36 M. M. Brown Registrar.

(Address) Sup't. Gen. Hosp.

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

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