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.

APR 23 1936

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

Do not use this space. 10842

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 1516
Township Kan — Primary Registration District No. 1002 — Registered No.
City Kan City (No. 5-West 44 St. Ward)

2. FULL NAME Paul Sinderson
(a) Residence, No. 5-West 44 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 Male. 4. COLOR OR RACE White. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17 1893

7. AGE YEARS 43 MONTHS 11 DAYS 2 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Switchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R.
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) Missouri

FATHER
13. NAME Lisco Sinderson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Ellen Claiborne
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Mrs Agnes Sinderson

18. BURIAL, CREMATION, OR REMOVAL PLACE St Joseph, Mo DATE 3/21/36

19. UNDERTAKER (ADDRESS) Bergman Funeral Home.

20. FILED Mch 20, 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 19 36

22. I HEREBY CERTIFY That I attended deceased from Sept 19 Coronary, to ....., 19....
I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

Coronary sclerosis
Chronic Arteriosclerosis
Myocarditis

Date of onset

Other contributory causes of importance: 93

Name of operation No Autopsy Date of
What test confirmed diagnosis? Was there an autopsy?

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) [signature], M. D.
(Address)