

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

Do not use this space.

10982

APR 23 1936

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. K.C. General Hosp) St. _____ (Ward) _____

File No. 1658
 Registered No. 1658

2. FULL NAME

(a) Residence, No. 316 S. Messenger St. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 47 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) Divorced
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret H.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9, 1886
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 49 8 16
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith
 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) 3-25 1936
 22. I HEREBY CERTIFY, That I attended deceased from 3-24 1936, to 3-25 1936
 I last saw him alive on 3-25 1936. Death is said to have occurred on the date stated above, at 4:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Sibov Pneumonia Date of onset 1/30
 Other contributory causes of importance:
Acute Pericarditis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yes
 13. NAME George S Ward
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England
 15. MAIDEN NAME Mary Delighton
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa
 17. INFORMANT De Ward Clerk (ADDRESS) K.C. General Hosp
 18. BURIAL, CREMATION, OR REMOVAL PLACE Not Washington DATE Mar. 27 1936
 19. UNDERTAKER C. H. Richardson or Son (ADDRESS) 1416 3/4 M. N. Brown
 20. FILED March 26 1936 M. N. Brown Registrar.

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 _____, 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) J. J. [Signature], M. D.
 (Address) K.C. General 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.

