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.

APR 23 1936

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

Do not use this space. 10005

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 1671
Township Kaw — Primary Registration District No. — Registered No. [illegible]
City Kansas City (No. 2208 E 25 St. Ward)

2. FULL NAME William Desmond
(a) Residence, No. 2208 E-25th St., 11 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: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown
7. AGE: YEARS 80 — 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. Foundryman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) 1926
11. Total time (years) spent in this occupation 35 yrs

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

FATHER
13. NAME Wm Desmond Sr.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va -

MOTHER
15. MAIDEN NAME Bettie Desmond
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va -

17. INFORMANT (ADDRESS) Sallie M. Dibble
18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland Cemetery DATE Mch 28 '36
19. UNDERTAKER (ADDRESS) C. P. Countee & Son City
20. FILED Mch 27 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-21- 36

22. I HEREBY CERTIFY That I attended deceased from 3-18 1936, to 3-21-36, 19..
I last saw him alive on 3-21, 1936 Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

Myocarditis Chronic 93C

Date of onset

Other contributory causes of importance: Arterio sclerosis

Name of operation — Date of —
What test confirmed diagnosis? Clinical 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? No
If so, specify
(Signed) Elijah A Walker M. D.
(Address) 1820 Vine St K.C. Mo

[illegible] T_{00} [illegible]