

APR 23 1936

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

Do not use this space.

11007
1683

1. PLACE OF DEATH

County JACKSON Registration District No.
Township J. Kaw Primary Registration District No.
City Kansas City (No. 4033 Forest) St. Ward)

2. FULL NAME

Alvin E Best
(a) Residence, No. 4033 Forest St., Ward. (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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hillian M Best

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-14-1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 10 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Employee
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. KC Stock Yds Co
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) Pa13. NAME James Best14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa15. MAIDEN NAME Maria Wentling16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa17. INFORMANT Miss Hazel L Best
(ADDRESS) 4033 Forest18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE March-30, 193619. UNDERTAKER W. W. Newcomers Sons
(ADDRESS) Kansas City - Mo20. FILED 2-28, 1936 M. M. Crave
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March-27, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1935, 19... to March 27, 1936
I last saw him alive on March 27, 1936 Death is said to have occurred on the date stated above, at 8:35 p.m.

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

Coronary Sclerosis, 1 yr
94B

Other contributory causes of importance:

Hypertension & arterio-
sclerosis definite

Name of operation no 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) Harry L. Fowler, M. D.(Address) Kansas City Mo

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

Mr H. H. Jones - 2-5
602 Argyle Bldg