

MAY 19 1936

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
St. St., Lukes Hospital

File No. 15117
Registered No. 1825
St. _____ Ward _____

2. FULL NAME Frank Newport Raymond

(a) Residence, No. 4017 Charlotte St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 24, 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
75 6 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Farmer

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) Illinois13. NAME Lymon H. Raymond14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass.15. MAIDEN NAME Anna M. Newport16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know17. INFORMANT Mrs. E. D. Hoodenpyle
(ADDRESS) Kansas City, Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE Bazil, Kansas DATE 4-6-3619. UNDERTAKER Freeman Mortuary
(ADDRESS) Kansas City, Missouri20. FILED Apr 6, 1936 M. M. Grome
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-5-36, 193622. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1935 to Apr. 4, 1936I last saw him alive on April 4, 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:

Date of onset

82 lb
Hypertensive Premortem?
(Niche) Bronchus or Colon 4-1-36

Other contributory causes of importance:

Senility
Cerebral embolus

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes23. 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) E. J. Parsons, M. D.(Address) Playa Bank Bldg

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.

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