MAY 19 1936

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

Do not use this space.

15325

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 2042

Township Kaw — Primary Registration District No. 1002 — Registered No. 2042

City Kansas City (No. General, Hospital St. Ward)

2. FULL NAME Edgar Emerson DeBord

(a) Residence, No. 512 West 10 St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 2, 1874

7. AGE: YEARS 61 — MONTHS 6 — DAYS 13 ~~17~~ — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Feb. 1936

11. Total time (years) spent in this occupation 41

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Braymer Missouri

FATHER

13. NAME Drury S. DeBord

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

MOTHER

15. MAIDEN NAME Martha Cox

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT (ADDRESS) Mrs. May Lewis 2265 Orville, K.C.K.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Hope DATE 4/18 1936

19. UNDERTAKER (ADDRESS) Geo. H. Long K.C.K.

20. FILED Apr 17 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1936, to April 15, 1936

I last saw him alive on April 15, 1936 Death is said to have occurred on the date stated above, at 9 p/m.

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

Pneumococcic Endocarditis

Empyema (Pneumococcus) (Non Tuber)

Pneumococcic Meningitis

Other contributory causes of importance:

Date of onset

Name of operation ..... Date of ~~by~~

What test confirmed diagnosis? Dr. 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) Russell W. Kerr, M. D.

(Address) KCMO

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.