

MAY 19 1936

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

Do not use this space.

15346

## 1. PLACE OF DEATH

County Jackson

Registration District No. \_\_\_\_\_

Township New

Primary Registration District No. \_\_\_\_\_

City K. C. Mo (No. \_\_\_\_\_)St. St. Joseph Hospital

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. 1644 Penn St., \_\_\_\_\_ 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Nettie Mae Adams6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 15, 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>70</u>	<u>8</u>	<u>3</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Chief Engineer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Hotel Kansas City</u>
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Brownsville, Penn  
(STATE OR COUNTRY)13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) Penn  
(STATE OR COUNTRY)15. MAIDEN NAME Anna Watson16. BIRTHPLACE (CITY OR TOWN) Penn  
(STATE OR COUNTRY)17. INFORMANT Earl E. Adams  
(ADDRESS) 509 N. 16th18. BURIAL, CREMATION, OR REMOVAL  
PLACE Mt Moriah DATE Apr 20, 193619. UNDERTAKER Wagner Funeral Home  
(ADDRESS) 204 N. Lincoln20. FILED 4-18-36 M. M. Crow Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18, 193622. I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1935, to April 18, 1936I last saw him alive on April 18, 1936 Death is said to have occurred on the date stated above, at 1:12 a. m.

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

Chc. Nephritis  
Chc. Myocarditis  
Chc. Bronchitis 131

Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Chemical 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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Waltman M. D.(Address) 10307 Indep. Ave. K.C. 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.

Mr. G. H. ...

10307 Linden Ave.

San Jose 4018