

MAY 19 1936

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

Do not use this space.

15455

1. PLACE OF DEATH

County AdairRegistration District No. 399Township OsawPrimary Registration District No. 1002City Kansas City (No. 42 C General Hosp)File No. 2175Registered No. 2175St. St. Louis Ward 1

2. FULL NAME

(a) Residence, No. 2629 Elm 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna James6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-14-19367. AGE YEARS 80 MONTHS 11 DAYS 11 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer
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) Iowa13. NAME Perry James14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio15. MAIDEN NAME unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT (ADDRESS) Reuben Clark

18. BURIAL, CREMATION, OR REMOVAL

PLACE Green Lake DATE 4/27/3619. UNDERTAKER (ADDRESS) Mrs. C. T. Foster20. FILED Apr 26 1936 M. M. Brown

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-25-193622. I HEREBY CERTIFY, That I attended deceased from 4-24-36, to 4-25-1936I last saw him alive on 4-25-1936 Death is said to have occurred on the date stated above, at 1:35 PM

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

Chronic Myocarditis
Chronic hepatitis

Date of onset

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Other contributory causes of importance:

Brain pneumonia

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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)..... M. D.

(Address) Sup't K C Gen Hosp

