

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. WHITE PERMIT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUN 17 1936

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

Do not use this space.

19346

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Kaw Primary Registration District No. 1002  
City Hans. City Mo. No. Trinity Lutheran Hosp.

File No. \_\_\_\_\_  
Registered No. 2495  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. Lane Home 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. 13 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) married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-4-1878  
7. AGE YEARS 57 MONTHS 10 DAYS — If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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.  
10. Date deceased last worked at this occupation (month and year) Farmer  
11. Total time (years) spent in this occupation. 35.

12. BIRTHPLACE (CITY OR TOWN) Pleasant Hill Mo. (STATE OR COUNTRY)

13. NAME Ransom Hipsler

14. BIRTHPLACE (CITY OR TOWN) Unknown Tenn. (STATE OR COUNTRY)

15. MAIDEN NAME Joseph Days

16. BIRTHPLACE (CITY OR TOWN) Unknown Tenn. (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Milton Hipsler

18. BURIAL, CREMATION, OR REMOVAL PLACE Home DATE 5-5-36

19. UNDERTAKER (ADDRESS) W. J. Adams, A.C.

20. FILED May 4 1936 M. M. Corbin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-4-1936

22. I HEREBY CERTIFY, That I attended deceased from 4-21-1936 to 5-4-1936

I last saw him alive on 5-4-1936. Death is said to have occurred on the date stated above, at 11 p.m.

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

General Constitutional Indigestion  
Inanition  
Bilamin 4/6  
Other contributory causes of importance: Carcinoma of Liver

Name of operation (Primary not known) Date of 4-29-36

What test confirmed diagnosis? Operation 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) Leah W. Zimmerman, M. D.  
(Address) 201 S. 1st St. Kansas City, Mo.

