

JUN 16 1936

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

Do not use this space.

10871

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Wagon Wheel Primary Registration District No. 1002
City Kansas City (No. St. Joseph Hospital) St. _____ Ward _____

File No. _____
Registered No. 2029
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3117 Jackson 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Blanch L. Sandy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 15, 1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
59 5 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dep. Collector of Customs
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Customs
10. Date deceased last worked at this occupation (month and year) May 2, 1936 11. Total time (years) spent in this occupation 29

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington County Kansas

FATHER 13. NAME Edwin Sandy

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

MOTHER 15. MAIDEN NAME Mary H. Lott

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

17. INFORMANT Lott Sandy (ADDRESS) KC. MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mound Grove Cem INDEPENDENCE MO. DATE 5/31/36

19. UNDERTAKER Stahl Funeral Home (ADDRESS) Independence Mo.

20. FILED May 31 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/30/36

22. I HEREBY CERTIFY That I attended deceased from _____, 19____
I last saw him _____ alive on 6/4/36 19____ Death is said to have occurred on the date stated above, at _____.

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

Automobile traumatism Date of onset _____
Fracture of ribs
Fracture of cervical vertebrae
Other contributory causes of importance: Myocardial infarction
Empyema

Name of operation _____ Date of _____
What test confirmed diagnosis Autopsy 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 5/29/36
Where did injury occur 30th & Main St. Kansas City (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Spunk by motor car while standing in safety zone
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____
(Signed) [Signature] M. D.
(Address) [Signature]

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

