

JUL 24 1936

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

Do not use this space.

22837

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kan Primary Registration District No. 1002
City Kansas City (No. 2215 Olive)

File No. _____
Registered No. 27611 St. _____ Ward _____

2. FULL NAME Everett Thomas Christal

(a) Residence, No. 2215 Olive St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred life 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May - 8 - 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
31 0 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Florist
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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo

13. NAME Thomas Z Christal

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

15. MAIDEN NAME Dora Cunningham

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

17. INFORMANT Leonard Christal (ADDRESS) 2215 Olive

18. BURIAL, CREMATION, OR REMOVAL PLACE Quindaro Park DATE June 8 1936

19. UNDERTAKER How New Myers Sons (ADDRESS) Kansas City - Mo

20. FILED 7/8 1936 m. m. Chrome Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6 1936

22. HEREBY CERTIFY, that I attended deceased from Sept 4 1935 to June 6 1936

I last saw him alive on June 6 1936. Death is said to have occurred on the date stated above, at 6:45 p.m.

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

Cancer Intestines acute and Glands Sept 4
Mucoid Carcinoma of Colon from 6:45 p.m.

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? X-ray Was the organ autopsied? No

23. If death was due to external cause (violence) also the following: Accident, suicide, or homicide? _____ Date of injury _____

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) Edw. Geraghty, M. D.

(Address) 303 2nd Street

RC m

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.

~~Shankar 180~~

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