

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

Do not use this space.

JUL 24 1936

23037

1. PLACE OF DEATH

County Jackson
Township Jean
City Kansas City (No. R. C. General Hosp.)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 2969
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 548 Main 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

MEDICAL CERTIFICATE OF DEATH

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 no record

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,
				hrs. or
<u>65</u>				min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>unknown</u>
	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) unknown

MOTHER 13. NAME unknown

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

15. MAIDEN NAME unknown

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

17. INFORMANT Paula Clark (ADDRESS) 220 Cambridge St. M.

18. BURIAL, CREMATION, OR REMOVAL PLACE Deeds DATE 6/23 1936

19. UNDERTAKER Durbin & Goben Co. (ADDRESS) 20 N. Des Moines

20. FILED 6/23 1936 M. M. Brown Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-5 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-5 1936 to 6-5 1936

I last saw him alive on 6-5 1936 Death is said to have occurred on the date stated above, at 8:10 P.M.

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

Generalized Arteriosclerosis Date of onset _____

Other contributory causes of importance: 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. R. C. Gen. Hosp. M.

