

JUL 24 1936

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

Do not use this space.

23125

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Kaw

Primary Registration District No. 1002

City Kansas City (No. 3207, Olive)

File No. _____
Registered No. 3058
St. _____ Ward _____

2. FULL NAME Benjamin Whitehead Hadd

(a) Residence, No. 3207 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 32 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 Add Jordan Hadd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept - 8 - 1851

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
84 9 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Commission Man

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) Richmond Ohio

13. NAME William H. Hadd

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

15. MAIDEN NAME Caroline E. "

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

17. INFORMANT (ADDRESS) Mrs Add Jordan Hadd 3207 Olive

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial PK DATE June 29 1936

19. UNDERTAKER (ADDRESS) Wm Mewcomers Sons Kansas City - Mo. 29

20. FILED 1936 M. M. Brown Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1936

22. I HEREBY CERTIFY, that I attended deceased from June 27, 1936, to June 27, 1936

I last saw him alive on June 27, 1936. Death is said to have occurred on the date stated above, at 8 P.

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

Acute Cardiac Failure
Chronic Myocardial Degeneration

Date of onset

6/27/36

Other contributory causes of importance:
Arteriosclerosis
Senility

Name of operation _____ Date of _____
What test confirmed diagnosis Path. Exam. Was there an autopsy? _____

23. If death was due to external causes (accident, fall, etc.) 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) Charles M. Robinson, M.D.
(Address) 820 Professional Bldg.

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.

~~1209 W - 61 Terr - Hi 058-6~~

Mr Cecil Kohler 820 professional Bldg

12 - noon on