

AUG 24 1936

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

Do not use this space.

26504

1. PLACE OF DEATH

County JacksonRegistration District No. 399File No. 26504Township JacksonPrimary Registration District No. 1002Registered No. 3171City Kansas City (No. St. Lukes Hosp)St. Ward

2. FULL NAME

(a) Residence, No. 2115 E Meyer Blvd

(Usual place of abode)

Ward

(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

Fe

4. COLOR OR RACE

Wh

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

David W. Bozzell21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6, 193622. I HEREBY CERTIFY, That I attended deceased from June 15, 1936, to July 6, 1936I last saw him alive on , 19 . Death is said

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

Feb 5 - 1888to have occurred on the date stated above, at 7:55 A.m.

7. AGE

YEARS 55

MONTHS

5

DAYS

1If LESS than 1 day, hrs. or min.

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

OCCUPATION

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

Housewife

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

Date of onset

Pneumonia
930

Other contributory causes of importance

Myocarditis Chronic

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Decatur Ill

FATHER

13. NAME

Gottlieb Henisey

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

Luxemburg Germany

MOTHER

15. MAIDEN NAME

Amanda Sparks

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

Crawford County Ga

17. INFORMANT

David W. Bozzell

(ADDRESS)

2115 East Meyer Blvd

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Forest Hill

DATE

July 8, 1936

19. UNDERTAKER

D. W. Newcome's Sons

(ADDRESS)

2111 East 9th St

20. FILED

July 7, 1936 M. M. Brown

Registrar.

Name of operation NoneDate of What test confirmed diagnosis? Chemical 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? NoIf so, specify (Signed) D. Henisey

M. D.

(Address) 311 Argyle Bldg

N. B.—Every item of information should be carefully checked for accuracy. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Dr. Ramsey
4937 Hickok