

AUG 24 1936

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

Do not use this space.

25631

## 1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Haw Primary Registration District No. 1602  
City Kansas City (No. Wesley Hospital)

File No. ....  
Registered No. 3302  
St. .... Ward)

## 2. FULL NAME

(a) Residence, No. 314 Clinton Place 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<br><u>Male</u>   | 4. COLOR OR RACE<br><u>white</u>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Mary Wilson</u>  |   |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>April - 27 - 1843</u>                 |   |   |
| 7. AGE  | YEARS<br><u>93</u>  | MONTHS<br>DAYS<br>If LESS than 1 day, ..... hrs. or ..... min.              |
| OCCUPATION  | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Real Estate</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)<br><u>Ind</u>                      |   |   |
| MOTHER  | 13. NAME<br><u>unknown</u>  |   |
|   | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>unknown</u>  |   |
|   | 15. MAIDEN NAME<br><u>unknown</u>   |   |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>unknown</u>                  |   |   |
| 17. INFORMANT <u>J. E. Bavel</u><br>(ADDRESS) <u>914 Clinton Place</u>              |   |   |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>Mt. Hope</u> DATE <u>July 16 1936</u> |   |   |
| 19. UNDERTAKER <u>Mar. C. J. Chester</u><br>(ADDRESS) <u>913 Brooklyn</u>           |   |   |
| 20. FILED <u>July 15 1936 M. M. Browne</u><br>Registrar.                            |   |   |

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July - 14 1936

22. I HEREBY CERTIFY That I attended deceased from 6 - 28 1936 to 7 - 14 1936  
I last saw him alive on 7 - 14 1936 Death is said to have occurred on the date stated above, at 7:50 m.  
The principal cause of death and related causes of importance were as follows:  
Annular Myocarditis Date of onset

Other contributory causes of importance:  
Atherosclerosis

Name of operation ..... Date of .....  
What test confirmed diagnosis? Physical 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 ..... tra

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify W. B. Eaton  
(Signed) W. B. Eaton M. D.  
(Address) 393 2nd St. S. P. Mo

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.

Tathrop bldg.  
Vi-4488  
(till-400)