

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 13 1936

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

Do not use this space.  
26811

1. PLACE OF DEATH  
 County Jackson Registration District No. 397  
 Township Raw Primary Registration District No. 107  
 City Kansas City (No. 1832 Mercer) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME William Durossette  
 (a) Residence, No. 1832 Mercer 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

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

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

7. AGE YEARS 39 MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Special Officer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C + a Ryce  
 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) Mo.

FATHER

13. NAME John Durossette  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boston Co. Mo.

MOTHER

15. MAIDEN NAME Emily M<sup>c</sup> Neely  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Edgar a Hughes  
 (ADDRESS) 2441 Warren

18. BURIAL, CREMATION, OR REMOVAL PLACE Fort Scott Kans DATE July 23 1937

19. UNDERTAKER Mrs G L Fobister  
 (ADDRESS) 918 Broadway

20. FILED \_\_\_\_\_ 19 \_\_\_\_\_ Registrar \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20 1937

22. I HEREBY CERTIFY, That I attended deceased from Deputy, 19 \_\_\_\_\_, Coroner, 19 \_\_\_\_\_

I last saw him alive on \_\_\_\_\_, 19 \_\_\_\_\_ Death is said to have occurred on the date stated above, at 5:30 P  
 The principal cause of death and related causes of importance were as follows:  
Acute dilatation of heart Date of onset \_\_\_\_\_

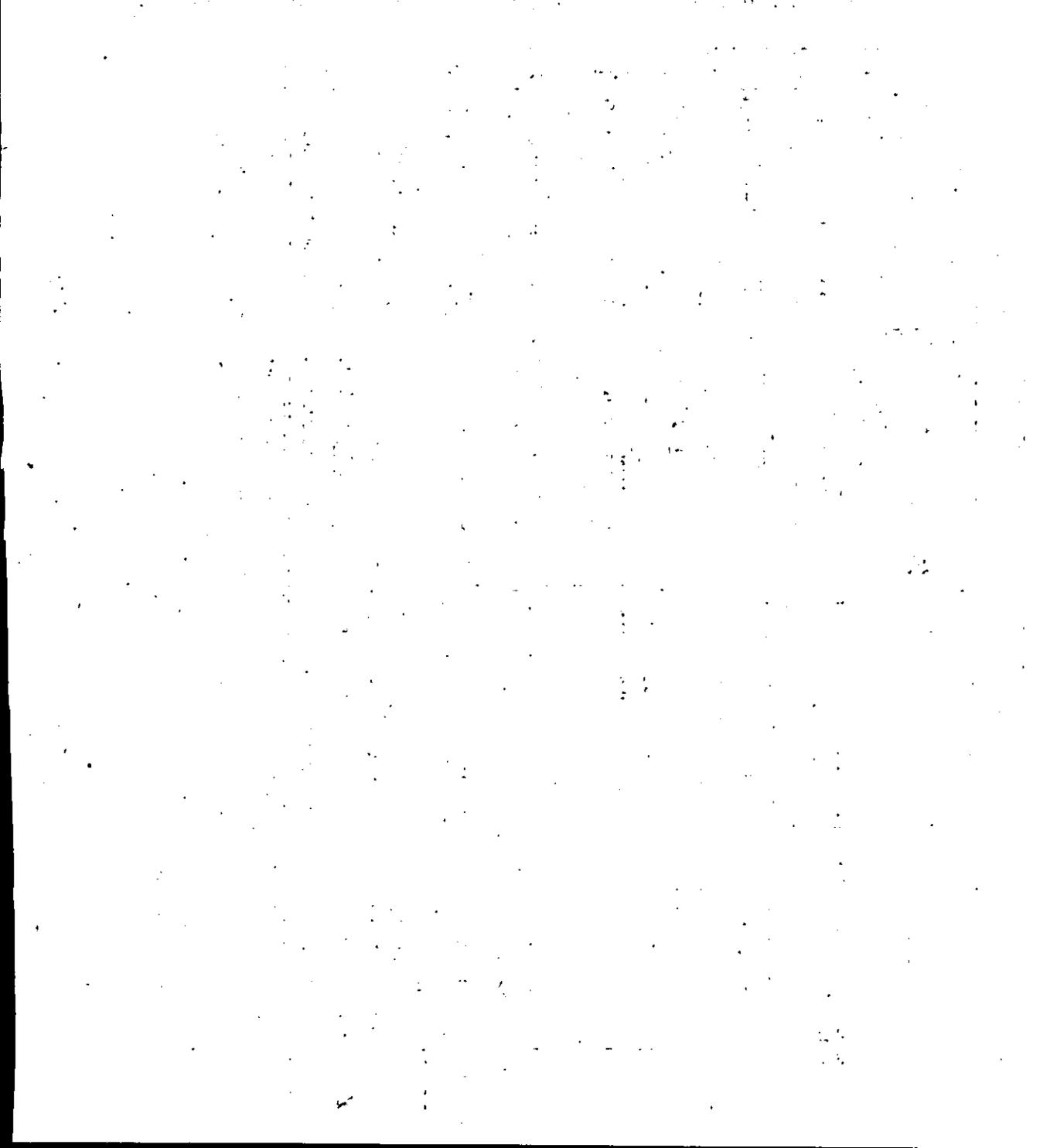
Other contributory causes of importance:  
Chronic Nephritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) J. J. Snyder, M. D.  
 (Address) Deputy Coroner  
1215 Beal



# CORONER'S RECORD

Name **William Durossette** Residence **1832 Mercer .**

Nativity **Mo.** Color **White** Sex **Male**

Age **39** Height **5 - 9** Weight **175**

Color of Hair **Dark Brown.** Eyes **Brown** Complexion **Med.**

Occupation **Special Officer.** Married **Married**  
Single  
Widowed

Inventory of effects taken from body of **None.**

In presence of

Body delivered the \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ legal representative

Date of injury \_\_\_\_\_

Place of injury \_\_\_\_\_

Body removed by order of **Coroner** to **Mrs. C. L. Forster** Undertaker

Cause of death **Acute dilitation of heart, chronic nephritis.**

Date of death **July 20, 1917.**

Place of death **1832 Mercer. (at home).**

Death Certificate by **Dr. J. S. Snider** the **21st** day of **July** 19**17**

Post-Mortem the \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_ by Dr. **As stated above.**

Appearance, Distinctive Marks, etc. \_\_\_\_\_

Jury viewed body at \_\_\_\_\_ the \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

Inquest held the \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_ at \_\_\_\_\_

Verdict delivered the same day to-wit:

We, the coroner's jury, duly summoned, impaneled, sworn and charged to diligently inquire into, and true pre-  
 -ment make as to how, by whom or what means \_\_\_\_\_ whose body  
 we have viewed came to h death, find from the evidence laid before us and from our knowledge that said deceased  
 came to h death

Remarks: **Shipped to Ft. Scott, Ks.**

Stenographer: **Ceb**

JURY
Days
WITNESSES
Days
Dr. W. H. Coffey,
CORONER

- 1.
- 2.
- 3.
4. Deputy Coroner - J. E. Spangler.
- 5.
- 6.

I, Dr. P. H. Owens  
 Coroner of Jackson County, Missouri, being first duly sworn, depose and say that the  
 above is a true copy of the Coroner's record in the case of \_\_\_\_\_

**William Durossette**

as it appears on file in the Coroner's office in Kansas City, Mo., to the best of my know-  
 ledge and belief.

*P. H. Owens*

Subscribed and sworn to before me, a Notary Public, in and for Jackson County, Mo.,  
 on this 23 day of May 1936

*Mary E. Walker*

My Commission expires 12 - 6 - 36