OCT 15 1936

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

Do not use this space.
34533

File No. 4265
Registered No.

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City, Mo. (No. Trinity Lutheran Hospital St. Ward)

2. FULL NAME Roy L. Birkett
(a) Residence, No. 800 East 44th St. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Bessie V. Birkett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 19, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	0	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist
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) Holton (STATE OR COUNTRY) Kansas

FATHER
13. NAME Edward E. Birkett
14. BIRTHPLACE (CITY OR TOWN) Beverly (STATE OR COUNTRY) West Virginia

MOTHER
15. MAIDEN NAME Narcisus A. Smith
16. BIRTHPLACE (CITY OR TOWN) Holton (STATE OR COUNTRY) Kansas

17. INFORMANT Mrs. R. L. Birkett (ADDRESS) 800 E. 44th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Holton, Kansas DATE Sept. 20, 1936

19. UNDERTAKER R. V. Lindsey & Sons (ADDRESS) 3811 Broadway

20. FILED Sept 19, 1936 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1936, to Sept 18, 1936
I last saw him alive on Sept 18, 1936. Death is said to have occurred on the date stated above, at 1:27 P.M.
The principal cause of death and related causes of importance were as follows:

Uremia — Date of onset 9/15-36

Other contributory causes of importance:
Ruptured pus appendix — 8/24-36

Name of operation Appendectomy — Date of Sept 7-36
What test confirmed diagnosis? Operation — 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? No
If so, specify
(Signed) J. W. Bruenholz, M. D.
(Address) 3605½ Broadway, Kansas City, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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