NOV 16 1936

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

Do not use this space.

37683

File No.

Registered No. 4537

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township [redacted] — Primary Registration District No. 1002

City Kansas City (No. Trinity Lutheran Hospital St. Ward)

2. FULL NAME Amos Townsend

(a) Residence, No. 712 West 48th Street, Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 37 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 Mrs. Daisy S. Townsend

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1, 1872

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
64	6	11	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Attorney

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) Iowa

FATHER

13. NAME Dr. W. A. Townsend

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

MOTHER

15. MAIDEN NAME Mary Sanderson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT Mrs. Daisy Townsend
(ADDRESS) 712 West 48th Street

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Mt. Washington DATE Oct. 14 36

19. UNDERTAKER Freeman Mortuary & Chapel
(ADDRESS) Kansas City, Missouri

20. FILED Oct 13, 1936 M. M. Crow
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/29/36, 19..., to 10/12/36, 19...
I last saw him alive on 10/12/36, 19... Death is said to have occurred on the date stated above, at 5 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma, Sigmoid	3 mos.
Chronic Obstruction, Intestinal	1 wk.

Other contributory causes of importance:

Acute Intestinal Obstruction	2 day
Acute, Localized Peritonitis	7 day

Name of operation Von Mikulicz Date of 9/30/36
What test confirmed diagnosis? Path. 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?
If so, specify
(Signed) John H. Ogilvie, M. D.
(Address) 730 Professional K. C. 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

100M-1-20-36 X7044

Dr. John Gable
Professional Bldg.
1:30 - 5:30 P.M.