

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

Do not use this space.

JAN 19 1937

44817

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 100
City Kansas City (No. 3220 Harrison St. St. _____ Ward _____)

File No. _____
Registered No. 5

2. FULL NAME

John T. Mount

(a) Residence, No. 3220 Harrison Street, Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Kate Mount

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 4, 1876

7. AGE YEARS 60 MONTHS 11 DAYS 9 If LESS than 1 day, hrs. or min.

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. Salvage

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) Austin Texas

13. NAME Not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Mrs. Kate Mount 3220 Harrison Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE Dec. 15, 1936

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

20. FILED Dec 14 1936 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1936 to Dec 13, 1936
I last saw him alive on Dec 9, 1936 Death is said to have occurred on the date stated above, at 6:30 p.m.
The principal cause of death and related causes of importance were as follows:

Coronary Occlusion Sudden

Other contributory causes of importance:
Hypertension 1 yr
Chronic degenerative 1 yr
Chronic Nephritis 1 yr

Name of operation Date of operation
What test confirmed diagnosis? 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
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) F. C. Lawler, M. D.
(Address) 624 Regional Bldg

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.

624 Professional
Engineering

4:30 P.M.