

JAN 19 1937

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

Do not use this space.

44963
5516

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 1612 Rydes)

Registration District No.
Primary Registration District No.

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. 1612 Rydes 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 col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unk 1859

7. AGE YEARS 77 MONTHS DAYS If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. At Home

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) Little Rock Ark. (STATE OR COUNTRY)

13. NAME Unknown

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

15. MAIDEN NAME Unk.

16. BIRTHPLACE (CITY OR TOWN) Unk. (STATE OR COUNTRY)

17. INFORMANT Pearl Smith of 4605 St Lawrence, Chi. Ill. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 12/26 1936

19. UNDERTAKER Hathings Bros (ADDRESS) 1729 Rydes

20. FILED 12-24-36 M. M. Gamecock Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/20 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/15/36 to 12/20/36

I last saw h. 12/19/36 die on 12/19/36 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Minimal Regurgitation
Esophagus + great Curvature
Chronic Intestinal Toxemia

Name of operation Date of

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 Chronic Intestinal Toxemia

(Signed) J. J. Hatcher, M. D. (Address) 1604 E 18

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.

