

FEB 25 1937

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

Do not use this space.

49486

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City Kansas City, Mo. (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. 430 N. 50th St. St. F 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Bachelor
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 19, 1936
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 65

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. _____
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) Research Hospital Kansas City, Mo.

13. NAME William Bertrand Satterlee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo.

15. MAIDEN NAME Katherine Elizabeth Fisher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cumbe Neb.

17. INFORMANT (ADDRESS) Father

18. BURIAL, CREMATION, OR REMOVAL PLACE (ADDRESS) Research Hospital Substation DATE Sept 19, 1936

19. UNDERTAKER (ADDRESS) _____

20. FILED 12-31 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1936, to _____, 19____
I last saw him alive on Sept 19, 1936 Death is said to have occurred on the date stated above, at 7:13 a.m.
The principal cause of death and related causes of importance were as follows:

Acidoplasic duod
Staleclasis

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy 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) Don Lester Kupper, M. D.
(Address) 717 Professional 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.

WHITE FORM, WITH ENLARGING INK—THIS IS A PERMANENT RECORD

