

FEB 25 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1524

1. PLACE OF DEATH

County Jackson Registration District No. 399

Township Kanaw Primary Registration District No. 1002

City Kansas City (No. 7 C Gen Hosp) St. Ward

File No.

Registered No. 2055

2. FULL NAME

(a) Residence, No. 2 W. Moore 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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24 1887

7. AGE YEARS 49 MONTHS 8 DAYS 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 20
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) Colorado 2

13. NAME Chas. Emory

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia 2

15. MAIDEN NAME Nancy Atherton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mich. 9

17. INFORMANT (ADDRESS) De Ward Clerk 7 C Gen Hosp KCMO

18. BURIAL, CREMATION, OR REMOVAL PLACE Leeds DATE 1-19 1937

19. UNDERTAKER (ADDRESS) Purdie & Johnson 22 W. of Missouri

20. FILED Jan 19 1937 M. M. Croome Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-9 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-9 36, to 1-9 1937

I last saw him alive on 1-7 1937 Death is said to have occurred on the date stated above, at 9:35 a.m.

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

The tentacles of Addison Disease Date of onset

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis Purp Was there any loss of

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) P. F. De Maria, M. D.

(Address) Supt 7 C Gen Hosp KCMO

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.

