

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

**FEB 25 1937**

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

Do not use this space.

2557  
11

**1. PLACE OF DEATH**

48 County Wachson  
18 Township Blaw  
19 City Kansas City (No. St. Luke Hospital)

Registration District No. 599  
Primary Registration District No. 1002

File No. 248  
Registered No. 248  
St. \_\_\_\_\_ Ward)

**2. FULL NAME** Thomas A. Averitt

(a) Residence, No. 1711 Montgall Ave 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Martha J. Averitt</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April-14-1869</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>71</u>	<u>9</u>	<u>5</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Sign. Painter</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>222</u>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>
	13. NAME <u>no record</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no record</u>
	15. MAIDEN NAME <u>no record</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no record</u>
	17. INFORMANT (ADDRESS) <u>Walter Douglas Kansas City, Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park</u> DATE <u>Jan-23/37</u>	
19. UNDERTAKER (ADDRESS) <u>Mrs. C. J. Chatter 918 Euclid</u>	
20. FILED <u>Jan 21 1937</u> <u>M. M. Brown</u> Registrar.	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-19-1927

22. I HEREBY CERTIFY that I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. 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:  
Suppurative Abscess of the Shoulder  
Myocardial Infarction  
Septic pneumonia

Other contributory causes of importance:  
no

Name of operation Autopsy Date of operation 1/20/27  
What test confirmed diagnosis Autopsy Was there an autopsy? yes

23. If death was due to external cause (violence), fill in the following: Accident, suicide, or homicide. Date of injury 1/20/27  
Where did injury occur? at home (Specify city or town, county, and State)  
Specify whether injury occurred in country, in home, or in public place.

Manner of injury knocked by a dog  
Nature of injury \_\_\_\_\_

24. Was disease or injury related to occupation of deceased? If so, specify \_\_\_\_\_  
(Signed) [Signature] \_\_\_\_\_ M. D.  
(Address) [Signature]

