

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

FEB 25 1937

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

Do not use this space.

1665

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 395
Primary Registration District No. 1052
1609 Wyandotte St. 9 Ward 1

File No. _____
Registered No. 15 01585
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1609 Wyandotte St., _____ Ward _____

(Usual place of abode)
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. (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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
62 9 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician
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 31

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York New York

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Joseph M. Reed
(ADDRESS) 1609 Wyandotte

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hills DATE Jan. 26 1937

19. UNDERTAKER QUIRK & TOBIN
(ADDRESS) 20 W. Linwood

20. FILED Jan 26 1937 J. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/23/37, 1937

22. I HEREBY CERTIFY That I attended deceased from _____, 19____

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ a.m.

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

Chronic glomerular nephritis Date of onset _____

Other contributory causes of importance: MI

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 caused or aggravated by occupation of deceased? _____

If so, specify _____

(Signed) [Signature], M. D.

(Address) _____

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.

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