

MAR 13 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County JacksonRegistration District No. 399Township KawPrimary Registration District No. 1002City Kansas City(No. Cowley Clinical Hospital)File No. 6262  
Registered No. 650  
St. \_\_\_\_\_ Ward \_\_\_\_\_2. FULL NAME Houston Bernard Shore(a) Residence, No. 2800 East - 9 - th

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

Male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

Infant

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

June 7 - 1934

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, ..... hrs. or ..... min.

2726

OCCUPATION

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

Infant

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)

Missouri

FATHER

13. NAME

Harold B. Shore

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

Kansas

MOTHER

15. MAIDEN NAME

Mildred Webber

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

Ill.

17. INFORMANT

Harold Shore

(ADDRESS)

2800 East - 9 - th

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Mt. WashingtonDATE Feb - 6 - 37

19. UNDERTAKER

Mr. C. G. Senter

(ADDRESS)

217 Brooklyn

20. FILED

27 4/11/37M. M. Brown

Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

Feb - 3 - 1937

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 21 - 1937, to Feb. 3 - 1937I last saw him alive on Feb. 2 - 1937. Death is saidto have occurred on the date stated above, at 6:40 pm.

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

Pulmonary Congestion

Date of onset

Other contributory causes of importance:

General Pneumonia Primary

Name of operation \_\_\_\_\_

Date of \_\_\_\_\_

What test confirmed diagnosis? Culture Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? L Date of injury L, 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 LNature of injury L24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Earl Van Jones M. D.(Address) 2916 Elmwood

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.

I 20314

2916 S. Minette

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