

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. 1002File No. 6346Township How

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

City Kansas City(No. 3527 Michigan)St. Mo. Ward 3

## 2. FULL NAME

(a) Residence, No. 3527 Michigan St., \_\_\_\_\_ Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred ALL TIME mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Magdalena6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 23, 18607. AGE YEARS 76 MONTHS 2 DAYS 15 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. \_\_\_\_\_

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) Kansas City, Mo.13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Hampshire15. MAIDEN NAME Winkerson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winkerson17. INFORMANT (ADDRESS) Dr. J. S. Sotergale18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation DATE Feb. 19, 193719. UNDERTAKER (ADDRESS) Brush Creek & Passes20. FILED 2-9-37 M. M. Crowe, reg. Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEBRU - 8 - 193722. I HEREBY CERTIFY, That I attended deceased from 24<sup>th</sup> day Jan., 1937 to 8<sup>th</sup> day of FEBR., 1937I last saw him alive on Febr - 8, 1937. Death is saidto have occurred on the date stated above, at 2.41 P.M.

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

Stoek-Adams disease  
LOBAR PNEUMONIA second  
day to influenza

Date of onset

Other contributory causes of importance:

Chronic Endocarditis

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

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) Johut Sotergale, M. D.(Address) 3527 Michigan Av.

N. B.—Every item of information should be carefully supplied. Accuracy of statistics is of vital importance. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

