Serial 15193

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

Do not use this space.

File No. 6548

Registered No.

1. PLACE OF DEATH

County: Jackson — Registration District No. 399

Township: Kaw — Primary Registration District No. 1002

City: Kansas City (No. Trinity Lutheran Hospital St. Ward)

2. FULL NAME Robert Fenton

(a) Residence, No. Drexel Mo St., Ward. Drexel, Missouri (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18, 1874

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

OCCUPATION

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

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) Miami County Kansas

FATHER

13. NAME John Fenton

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

MOTHER

15. MAIDEN NAME Mary McGrath

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gulf of St. Lawrence Near Quebec, Canada

17. INFORMANT (ADDRESS) Mrs. Mary Fenton, Drexel, Missouri

18. BURIAL, ~~CREMATION OR REMOVAL~~ Sharon Cemetery
PLACE Drexel, Missouri DATE Feby. 22, 1937

19. UNDERTAKER (ADDRESS) Stine & McClure 3235 Gillham Plaza

20. FILED 2-21, 1937 M. M. Crowl asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/19/37, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19.... I last saw h.... 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:

Deputy Coroner

Cerebrovascular hemorrhage

Fracture of thoracic

Date of onset

Other contributory causes of importance:

210M

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.

Accident

Burned in

Shock and hemorrhage

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) ....., 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.