

APR 8 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Law
City Kansas City Mo., (Mo.)

Registration District No. 399
Primary Registration District No. 1002
St. Marys Hosp.

File No. 9364
1029
Registered No. 1029
St. _____ Ward _____

2. FULL NAME

E. T. Shigel
(a) Residence, No. 5433 Forest 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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 18, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
48 10 10

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Freight Agents

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, Kan.

13. NAME John J. Shigel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York City

15. MAIDEN NAME Matilda C. Weber

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

17. INFORMANT Mrs. Cornelia Shigel
(ADDRESS) 5433 Forest Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Marys DATE Mar 2 1937

19. UNDERTAKER Melody Mc Kelly
(ADDRESS) 3733 Embled ave N.C. Mo.

20. FILED 371 19 37 37 M. M. Cronovs
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26 1937, to Feb. 28 1937

I last saw him alive on Feb. 27 1937. 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:

Cerebral Hemorrhage Date of onset Feb. 26 1937

Other contributory causes of importance:

Chronic Hypertension

Name of operation none 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 in any way related to occupation of deceased? no

If so, specify _____

(Signed) E. Coates _____, M. D.

(Address) 1002 Argyle Bldg

N.C. Mo.

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.

Head.