

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Registration District No. 399 File No. 9636  
Township Kaw Primary Registration District No. 1002 Registered No. 1225  
City Kansas City (No. 4939 Troost) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME A. Lon T. Switzer

(a) Residence, No. 4939 Troost 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Anna C. Switzer

22. I HEREBY CERTIFY, That I attended deceased from 3-14, 1937 to 3-16, 1937

I last saw him alive on 3-16, 1937 Death is said to have occurred on the date stated above, at 3:35 P.M.  
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 5, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
61 5 11

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

Coronary Thrombosis  
9412

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

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 \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cameron Mo.

13. NAME Ren W. Switzer

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

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Heart tracing Diagn. by pathologist Were an autopsy? No

15. MAIDEN NAME May Elizabeth De Frees

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

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. \_\_\_\_\_

17. INFORMANT Mrs. Anna C. Switzer (ADDRESS) 4939 Troost

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE March 19, 1937

Manner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_

19. UNDERTAKER D.W. Newcomer's Sons (ADDRESS) \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_ (Signed) A. H. Purpus, M. D. (Address) 1034 Biello

20. FILED Mar 18 37 m. m. Brown Registrar.

Rialto Bldg

U:2813

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