

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

MAY 15 1937

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

Do not use this space.

15136

1. PLACE OF DEATH

County Jackson

Registration District No. 399

File No. 1000

Township Kan

Primary Registration District No. 1002

Registered No. 1000

City Kansas City

(No. K.C. Gen Hosp)

St. Ward

2. FULL NAME

(a) Residence, No. 12297 Toland Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 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 m. 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-7 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 4-5 1937 to 4-7 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-1-1889

I last saw him alive on 4-7 1937. Death is said to have occurred on the date stated above, at 8:15 am

7. AGE YEARS 53 MONTHS 6 DAYS 6 If LESS than 1 day, hrs. or min.

The principal cause of death and related causes of importance were as follows:
Chronic cystic disease of kidney and liver
hemiplegia

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Peddler
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:
osteomyelitis of rt tibia

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

Date of onset 154

13. NAME Charles Iney

Name of operation Date of

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

What test confirmed diagnosis? Was there an autopsy? Yes

15. MAIDEN NAME Sarah Alexander

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

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

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 Rena Clark
(ADDRESS) K.C. Gen Hosp

Manner of injury

18. BURIAL, CREMATION, OR REMOVAL
PLACE Glendale Hill DATE 4-8-37, 19

Nature of injury

19. UNDERTAKER Quirk and Tobin
(ADDRESS) 20 W. Broadway

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

20. FILED Apr 8 1937 M. M. Kenyon

(Signed) O. J. De Maria M. D.
(Address)

Registrar.

