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

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

Do not use this space.

15141

MAY 15 1937

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399
Township: Kaw — Primary Registration District No.: 1002
City: Kansas City (No. General Hospital St. Ward)
File No. — Registered No.: 4613

2. FULL NAME: William Post
(a) Residence, No. 3616 Virginia 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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Don't Know

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 27, 1859

7. AGE — Years: 77 — Months: 8 — Days: 8 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
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): Unknown

FATHER
13. NAME: Nathaniel Post
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Ann Griffith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Richmond Virginia

17. INFORMANT (ADDRESS): Mrs. Leona Martin, 402 South Kensington

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Forest Hill DATE: 4-9-37, 19

19. UNDERTAKER (ADDRESS): QUIRK AND TOBIN, 20 West Linwood

20. FILED: Apr 8 1937 M. M. Brown, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 6 1937, 19

22. I HEREBY CERTIFY, THAT I attended deceased from ..., 19..., to ..., 19...
I last saw him alive on ..., 19... Death is said to have occurred on the date stated above, at 7:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the sigmoid colon 4 yr	
Intestinal obstruction	

Other contributory causes of importance:

Name of operation: No — Date:
What test confirmed diagnosis? Clinical — 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) ..., M. D.
(Address) ...