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

Do not use this space.

15174

MAY 15 1937

Registration District No. 399

Primary Registration District No. 1002

File No. 1320

Registered No.

1. PLACE OF DEATH

County Jackson

Township Kaw

City Kansas City (No. 3836 Freemont St. Ward)

2. FULL NAME John Sands

(a) Residence, No. 3836 Freemont 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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE: YEARS about 70 | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

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

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) Kansas City Mo.

FATHER

13. NAME Frank Sands

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

MOTHER

15. MAIDEN NAME Lydia Burnett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray County

17. INFORMANT Mrs Minnie Pullen
(ADDRESS) 1839 Washington

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Marys DATE 4-10-37 19

19. UNDERTAKER QUIRK & TOBIN
(ADDRESS) 20 W. Linwood

20. FILED 4-10 1937 M. M. Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8, 1937.

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1937, to April 7, 1937

I last saw him alive on apr, 1937. Death is said to have occurred on the date stated above, at 3:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	3/21/37
repeated apoplexy	4/7/37

930

Other contributory causes of importance:
arteriosclerosis + hypertension
chronic myocarditis
senility

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.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. A. DeMelfy M.D. M. D.

(Address) 2748 Charlotte St.