

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

Do not use this space.

**MAY 15 1937**

15408

1. PLACE OF DEATH: **Jackson.**  
 County: **Kaw** Registration District No. **399**  
 Township: **Kansas City Mo.,** Primary Registration District No. **1002**  
 City: **5036 Park.** (No. \_\_\_\_\_, \_\_\_\_\_ St. \_\_\_\_\_ Ward)

2. FULL NAME: **Joseph H. SOULE.**  
 (a) Residence, No. **5036 Park.** 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): **Widower**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): **1-4-1860**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<b>77</b>		<b>3</b>	<b>21</b>	

21. DATE OF DEATH (MONTH, DAY, AND YEAR): **4-25-37**, 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 **10.00 A.** m.

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

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: **Retired R.R. Man**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: **K.C.S.R'y.**

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_

11. Total time (years) spent in this occupation \_\_\_\_\_

**Coronary thrombosis**  
**Chronic myocardial infarction**

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): **Maine.**

FATHER

13. NAME: **MR E. Soule.**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): **Do not know.**

MOTHER

15. MAIDEN NAME: **Do not know.**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): **Do not know.**

17. INFORMANT: **Mrs. Eva May Hooper.**  
 (ADDRESS) **5036 Park**

18. BURIAL, CREMATION, OR REMOVAL PLACE: **Shreveport La.** DATE: **4-27-37**, 19\_\_\_\_

19. UNDERTAKER (ADDRESS): **3146 Main St.**

20. FILED: **Apr 25 1937 M. McNamee**  
 Registrar.

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 of injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) **[Signature]**, M. D.  
 (Address) **[Address]**

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

17-73  
 2  
 36  
 30

