

MAY 18 1937

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

Do not use this space.

15988

1. PLACE OF DEATH

19 County CassRegistration District No. 156

File No.

Township Sharp PeculiarPrimary Registration District No. 5220

Registered No.

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

Ward.

(If nonresident, give city or town and State)

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)

Feb 6 - 1853

7. AGE

YEARS

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.

Occupant of Co Home

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)

Pennsylvania

13. NAME

William P App

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

Penn

15. MAIDEN NAME

Caroline Hall

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

Penn

17. INFORMANT (ADDRESS)

Co. Home Records W. Harrisonville

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Austin W. W.

DATE

4/13 1937

19. UNDERTAKER (ADDRESS)

Rosenburgers W. Harrisonville W.

20. FILED

Apr 12 1937E. M. Griffith Registrar

MEDICAL CERTIFICATE OF DEATH

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

4/12 1937

22. I HEREBY CERTIFY, That I attended deceased from

Apr 10 1937 to Apr 17 1937I last saw him alive on Apr 14 1937 Death is said to have occurred on the date stated above, at 4 a. m.

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

Chronic Nephritis and General Debility

Other contributory causes of importance:

131

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) Edgar M. Griffith, M.D.(Address) Harrisonville W.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

