

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.

JUN 12 1937

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

Do not use this space.

18872

1. PLACE OF DEATH

County JACKSON

Registration District No. 999

Township Blm.

Primary Registration District No. 1002

City Kansas City

(No. 219 Hospital)

File No. _____

Registered No. 2003

St. 2003 Ward _____

2. FULL NAME Remberx Myles

(a) Residence, No. 115 1/2 Campbell st., Annex Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15, 1890

7. AGE YEARS 47 MONTHS 0 DAYS 16 If LESS than 1 day, hrs. or min.

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

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) Union, Paris

13. NAME Remberx - Quawley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K. C. Mo.

15. MAIDEN NAME King - Susie

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

17. INFORMANT H. C. T. B. Hosp. (ADDRESS) heads, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE May 3, 37

19. UNDERTAKER H. B. Moore (ADDRESS)

20. FILED May 3, 1937 M. M. Crowe, reg. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1937

22. I HEREBY CERTIFY. That I attended deceased from January 21, 1937 to May 1, 1937. I last saw him alive on May 1, 1937. Death is said to have occurred on the date stated above, at 7:01 A.M.

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

pulmonary tuberculosis Date of onset

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Other contributory causes of importance:

Name of operation None Date of _____

What test confirmed diagnosis? X-ray Was there an autopsy? No

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 None

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

Signature W. B. Buchanan, M.D.

(Address) Kansas City, Mo.

