

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

Do not use this space.

JUN 12 1937

18881

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Kaw

Primary Registration District No. 1002

City Kansas City

(No. Lakeside Hospital)

File No. _____

Registered No. 205

St. _____ Ward _____

2. FULL NAME Wesley Howard Cripe

(a) Residence, No. 817 West 39th Street, St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (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*) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Mabel Cripe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 2, 1884

7. AGE YEARS 53 MONTHS 4 DAYS 1 If LESS than 1 day,hrs. ormin.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. K. C. Stock Yards

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) Nebraska

13. NAME Andrew J. Cripe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

15. MAIDEN NAME Salama Davis

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

17. INFORMANT Mrs. Mabel Cripe
(ADDRESS) 817 West 39th Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Olathe, Kans. DATE May 5, 1937

19. UNDERTAKER Freeman Mortuary & Chapel
(ADDRESS) Kansas City Missouri

20. FILED May 11, 37 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3, 1937

22. HEREBY CERTIFY That I attended deceased from April 27, 1937, to May 3, 1937. I last saw him alive on May 3, 1937. Death is said to have occurred on the date stated above, at 10 P.m.

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

Cerebral abscess
of frontal lobe with extension to left.
Staphylococcus infection entered thru craniiform plate
Date of onset 3-1-37

Other contributory causes of importance: (78)

Submaxillary abscess
Name of operation otia enlargement Date of 4-29-37
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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? No
If so, specify _____
(Signed) A. Brites, M. D.
(Address) 512 Bryant Bldg.

R. C. No.

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.

X
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2
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2

