

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 1640, Bellview) St. _____ Ward _____

File No. 18929
 Registered No. _____

2. FULL NAME Joseph Woodman Fassett

(a) Residence, No. 1640 Bellview St., _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 38 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Linnie Belle Fassett

22. HEREBY CERTIFY, That I attended deceased from May 5 1937 to May 5 1937.
 I last saw him alive on May 5 1937. Death is said to have occurred on the date stated above, at 8:00 p. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4, 1880

7. AGE YEARS 57 MONTHS 2 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cherx
 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) 1929 11. Total time (years) spent in this occupation 30

Angina Pectoris
(Coronary thrombosis)
94a
Hypertension
 Date of onset 5/5/37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

13. NAME P. Fassett

Name of operation Clinical Date of _____
 What test confirmed diagnosis _____ Was there an autopsy? no

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

15. MAIDEN NAME L. Reynolds

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.

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

17. INFORMANT Mrs. Linnie Fassett
 (ADDRESS) 1640 Bellview

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE May 8 1937

Manner of injury _____
 Nature of injury _____

19. UNDERTAKER Gates Funeral Home
 (ADDRESS) Kansas City, Kansas

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____ (Signed) Ernest F. Robinson, M. D.
 (Address) 928 1/2 W. 10th.

20. FILED May 7 1937 M. M. Brown
 Registrar.

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

OCCUPATION (31)
 MOTHER
 FATHER

E. J. Robinson
Professional Bldg
12 N. - Friday