

JUN 12 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

19003

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City Mo. (No. Independence & Walnut. St. _____ Ward _____)

File No. _____
Registered No. _____

2. FULL NAME Edward Proctor.

(a) Residence, No. 547 Walnut. 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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Precious Proctor.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3 1873.

7. AGE YEARS <u>64</u>	MONTHS <u>1</u>	DAYS <u>7</u>	IF LESS than 1 day, _____ hrs. or _____ min.
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OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Government Clerk.</u>
	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 <u>30</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago Ill.

FATHER 13. NAME John S. Proctor.

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

MOTHER 15. MAIDEN NAME Mary Smith.

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

17. INFORMANT (ADDRESS) Ed. B. Stewart 7715 Oak Grove, Chicago

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE May 14, 1937

19. UNDERTAKER (ADDRESS) Melody-McGilley. K. C. Mo.

20. FILED May 13 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/10/37 .1937

22. I HEREBY CERTIFY That I attended deceased from _____, 19____

I last saw him _____ alive on _____, 19____ Death is said

to have occurred on the date stated above, _____.

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

Unsubstantiated of the head

Date of onset

Other contributory causes of importance:

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Name of operation _____ Date of _____
What test confirmed diagnosis _____ Was there an autopsy _____

23. If death was due to external cause (violence), fill in also the following: Accident, suicide or homicide _____ Date of death _____

Where did injury occur _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

24. Was disease of injury _____ related to occupation of deceased?

If so, specify _____

(Signed) [Signature] M. D.

(Address) [Address]

WRITE PLAINLY, WITH FADING 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.

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