

JUN 12 1937

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

Do not use this space.

19058

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Kan Primary Registration District No. 1007  
City Kansas City (No. K.C. General Hosp) Ward

2. FULL NAME

Charles Michael  
(a) Residence, No. 3115 Olive St Ward.  
(Usual place of abode)  
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 5 1884  
7. AGE YEARS 53 MONTHS 4 DAYS 12  
If LESS than 1 day, ..... hrs. or ..... min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Shoemaker  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-17 1937  
22. I HEREBY CERTIFY, That I attended deceased from 5-9 1937 to 5-17 1937  
I last saw him alive on 5-17 1937 Death is said to have occurred on the date stated above, at 8:45 a.m.  
The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis  
Chronic Fibrosis  
Myocarditis  
Date of onset  
Other contributory causes of importance: 93C  
Pneumonia

Name of operation..... Date of.....  
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?.....  
so, specify.....  
(Signed) P. F. De Maria M. D.  
(Address) Supt. K.C. Gen. Hosp

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.  
13. NAME Allen H. Michael  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.  
15. MAIDEN NAME Don't know  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Mrs. F. L. Lang  
(ADDRESS) 3115 Olive

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Forest Hill abby DATE 5-18 1937

19. UNDERTAKER Freeman Brothers Chapel  
(ADDRESS) Kansas City Mo

20. FILED May 17 1937 M. Brown  
Registrar.

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.

OCCUPATION  
FATHER  
MOTHER

