

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

Do not use this space.

JUN 12 1937

19064

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township 2nd Primary Registration District No. 1002
City Kansas City (No. KC Gen Hosp)

File No. _____
Registered No. 2370
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Helping Hand St. _____ Ward _____

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-17-1847

7. AGE YEARS 90 MONTHS 1 DAYS 26 If LESS than 1 day, _____ hrs. _____ min.

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

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) Swthland

13. NAME Isaac Ash

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

15. MAIDEN NAME Anna P. Raleigh

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

17. INFORMANT Record Clerk (ADDRESS) Kansas City Gen Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Leola DATE May 22, 1937

19. UNDERTAKER (ADDRESS) Amikat Habib

20. FILED May 18, 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-13 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-12, 1937 to 5-13, 1937

I last saw him alive on 5-13, 1937. Death is said

to have occurred on the date stated above, at 10:30 AM

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

Chronic glomerular nephritis, Hypertrophy and dilatation of Heart Date of onset _____

Other contributory causes of importance: Bronche 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 _____, 1937

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? If so, specify _____

(Signed) P. H. De Munn, M. D.
(Address) Supr KC Gen Hosp

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.

