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.

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

Do not use this space.

JUL 10 1937

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 22861
Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]
City Kansas City (No. Research Hosp. 1 St. ..... Ward)

2. FULL NAME Samuel Vile
(a) Residence, No. 4027 Chesmut St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

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: Ida Vile

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Se.

7. AGE: 62 — YEARS: 59 — MONTHS: 9 — DAYS: — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Shoe Merchant
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): Russia

FATHER
13. NAME: Jacob Morris Vile
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

MOTHER
15. MAIDEN NAME: Mary Lenh
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

17. INFORMANT (ADDRESS): Ida Vile 4027 Chesmut

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Carmel DATE: June 21, 1937

19. UNDERTAKER (ADDRESS): J. P. Louis 3400 Woodland

20. FILED: 6/21, 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6-20-, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1937, to June 20, 1937
I last saw him alive on June 20, 1937. Death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Rt)	June 17, 37
59	
Other contributory causes of importance: Diabetes	several years ago

Name of operation: none — Date of .....
What test confirmed diagnosis? Physical findings & symptoms — Was there an autopsy? no

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) Geo Ringel M. D.
(Address) 507 Commerce Bldg.