

SEP 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson  
Township Kaw  
City Kansas City

Registration District No. 399  
Primary Registration District No. 1002  
No. 401 E., 36th

File No. 296623  
Registered No. 3536  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Howard J. Vrooman

(a) Residence, No. 3660 Bellview 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
62 61 8 19

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Court Judge

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation. 2 Year

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

13. NAME J. A. Vrooman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York New York

15. MAIDEN NAME Mary L. Carll

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pott Huron Michigan

17. INFORMANT Clarence L. Vrooman (ADDRESS) 436 E. 62 Terrace

18. BURIAL, CREMATION, OR REMOVAL PLACE Nt. Wash. DATE Aug. 6, 1937

19. UNDERTAKER D. W. Newcomer's Sons (ADDRESS) \_\_\_\_\_

20. FILED 8-6-37 M. M. Crowe, Ass't Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from May Early, 1937, to Aug. 4, 1937.

I last saw him alive on Aug. 4, 1937. Death is said to have occurred on the date stated above, at 5:30 P.M.

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

Primary Pneumonia (Broncho) Date of onset \_\_\_\_\_

Other contributory causes of importance:

Cerebral Thrombosis - Paralysis right side - aphasia Diabetes 15 yrs. Standing -

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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? \_\_\_\_\_

If so, specify \_\_\_\_\_ (Signed) J. F. Pratte, M. D.  
(Address) 1702 Madison Bldg

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.

Waldheim Rdg.