

SEP 21 1937

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

Do not use this space.

29822

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Jean Primary Registration District No. 1002
City Kansas City (No. 2 C Gen Hosp) St. Mo Ward 3

2. FULL NAME

(a) Residence, No. 2517 Ward. 3
(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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6, 1923

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
14 7 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Indiana

13. NAME John E. Cline

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

15. MAIDEN NAME George Campbell

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

17. INFORMANT Mr. J. E. Cline (ADDRESS) Sebrington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Indianapolis, Ind. DATE 8/21/37

19. UNDERTAKER Quick & Tobin (ADDRESS) 20 W. Kemmer

20. FILED Aug. 20, 1937 M. M. Crow, asst Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-20, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-19, 1937, to 8-20, 1937

I last saw him alive on 8-20, 1937 Death is said to have occurred on the date stated above, at 3:20 a.m.

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

Acute Bulbar poliomyelitis

Other contributory causes of importance: (16)

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?

If so, specify (Signed) P. F. De Manno, M. D.

(Address) Dept. 12 C Gen Hosp, Kansas City, Mo.

WRITE PLAINLY, WITH UNYADING 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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