

SEP 21 1937

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

Do not use this space.

29882

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Can

Primary Registration District No. 1002

City Kansas City (No. 7 C General Hosp)

File No. _____

Registered No. _____

St. 6305 Ward _____

2. FULL NAME Robert Pellows

(a) Residence No. 4621 Demach

Ward _____

(If nonresident, give city or town and State)

(Usual place of abode)

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 M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 26 '72

7. AGE

YEARS 64

MONTHS 8

DAYS 27

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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) Lee

MOTHER FATHER

13. NAME Wm Pellows

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

15. MAIDEN NAME Jenkins

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

17. INFORMANT Debra A. Clark

(ADDRESS) 12 C Green St

18. BURIAL, CREMATION, OR REMOVAL

PLACE Main Park

DATE 8-25-37

19. UNDERTAKER O. O. Nease

(ADDRESS) 3146 Main St

20. FILED 8-25-37

19 37

M. M. Crowe, asst

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-23-1937

22. I HEREBY CERTIFY, That I attended deceased from 7-24-37, 1937, to 8-23-37, 1937.

I last saw him alive on 8-23-1937. Death is said to have occurred on the date stated above, at 8:45 P.M.

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

Hypertrophy of Prostate

137

Other contributory causes of importance:

Gonorrhea Urethritis

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) O. J. De Maria, M. D.

(Address) 5412 K C Genl Hosp K C Mo

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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