

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.

SEP 21 1937

29956

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 391
Primary Registration District No. 11002
(No. Research Hospital)

File No. 29956
Registered No. 29956
St. 1 Ward 22

2. FULL NAME

(a) Residence, No. Edwardsville, Kans St. 1 Ward 22
(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

MEDICAL CERTIFICATE OF DEATH

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 Infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 25 1937
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8 25 1937
22. I HEREBY CERTIFY, That I attended deceased from 19 to 19
I last saw h. Stillborn, 19. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

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.

Stillborn
Cause unknown
Date of onset
Other contributory causes of importance:
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Missouri
13. NAME Percival James Rundle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago Illinois
15. MAIDEN NAME Marie Louise Rundle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Kansas

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury
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

17. INFORMANT (ADDRESS) Percival James Rundle State of Forest Edwardsville Kans
18. BURIAL, CREMATION, OR REMOVAL PLACE Research Hospital DATE Aug 25 1937
19. UNDERTAKER (ADDRESS) None
20. FILED 27 37 M. M. Brown Registrar.

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Don Leaker Ensey, M. D. (Address) 717 Progressive Bldg.

