

SEP 20 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 Blue
City Independence (No. 877 Brookside Blvd)

Registration District No. 398
Primary Registration District No. 5554

File No. 30869
Registered No. 267
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 877 Brookside Blvd
(Usual place of abode)

Ward _____

(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) Widowed

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16-1857

8. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 80 0 23

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

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 15 years

11. 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) Clinton Co Missouri

13. NAME Mc Waters

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri

15. MAIDEN NAME Mary Salmon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri

17. INFORMANT (ADDRESS) Mr. Bessie Barber 877 Brookside Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE Traylor Park Aug 12 1937

19. UNDERTAKER (ADDRESS) George B. Hanson Independence Mo.

20. FILED 8-12-37 F. L. Cook Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9 1937

22. I HEREBY CERTIFY, That I attended deceased from 12/20 1936, to 8/9 1937.

I last saw him alive on 7/9 1937. Death is said to have occurred on the date stated above, at 8:05 p.m.

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

MYOCARDIAL COLLAPSE
myocarditis chronic

Other contributory causes of importance:

SENILITY
CHRONIC MYOCARDITIS

Name of operation NONE Date of _____

What test confirmed diagnosis? CLINIC 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 _____, 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) J. L. Cook M. D.

(Address) 10307 INDEP AVE

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.

0