

OCT 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 1002
Township Plan Primary Registration District No. _____
City Kansas City (No. 1623 Grand) St. _____ Ward _____

File No. 33326
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1623 Grand 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 wh 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) March 16, 1871

7. AGE YEARS 77 MONTHS 6 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

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

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) W. Virginia

13. NAME Flander Vanderberg

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

15. MAIDEN NAME Rachel M. Stealy

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

17. INFORMANT (ADDRESS) Wm. X. Danmeyer

18. BURIAL, CREMATION, OR REMOVAL PLACE Lawwood DATE Sept 18, 37

19. UNDERTAKER (ADDRESS) Corral - Darden

20. FILED 9-17, 1937 M. M. Crowe, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-15-37, 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19

I last saw him _____, 19. Death is said to have occurred on the date stated above, at _____.

The principal cause of death and related causes of importance were as follows: Ch. Myocarditis by Inspection

Date of onset _____

Other contributory causes of importance: _____

Name of operation Inspection Date of _____

What test confirmed diagnosis _____ Was there an autopsy? _____

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) Russell W. Bess, M. D.

(Address) L. D. Bess

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. STATE OF INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

