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

Do not use this space.

NOV 18 1937

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1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 36803

Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]

City Kansas City (No. 5641 Euclid St. Ward)

2. FULL NAME Riley Letton

(a) Residence, No. 5641 Euclid St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 24th 1876

7. AGE: YEARS 60 — MONTHS 9 — 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.: Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Huhn Letton Paint Co.
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): Lexington Mo.

FATHER

13. NAME: William T. Letton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lexington Mo.

MOTHER

15. MAIDEN NAME: Margaret E. Self
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lexington Ky.

17. INFORMANT (ADDRESS): Mrs. Celia Letton 5641 Euclid

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Forest Hill DATE: Oct 23rd, 1937

19. UNDERTAKER (ADDRESS): Devonwcomers Sons Kansas City Mo

20. FILED: Oct 21 1937 M. M. Grove Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 21st, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1937, to October 21, 1937

I last saw him alive on October 21, 1937. Death is said to have occurred on the date stated above, at 1.05a m.

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

	Date of onset
Pulmary infarction	Oct 20 1937
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Other contributory causes of importance:

Auricular fibrillation	June 1937

Name of operation: none Date of

What test confirmed diagnosis? Examination 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 —, 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? No

If so, specify

(Signed) Graham Asher, M. D.

(Address) 1220 Professional Bldg

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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