

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

Do not use this space.

NOV 18 1937
1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Jean Primary Registration District No. 106
City Kansas City (No. 2 Gen Hosp)
2. FULL NAME O. B. Stormes
(a) Residence, No. 1717 Muntgale Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 36928
Registered No. 4357
St. _____ Ward _____

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) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 3, 1875
7. AGE YEARS 62 MONTHS 2 DAYS 20 If LESS than 1 day, hrs. or min. _____
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
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) Kansas
13. NAME O. B. Stormes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT Record Clerk (ADDRESS) Gen Hosp.
18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATES Oct. 30 1937
19. UNDERTAKER (ADDRESS) Turk & Tobin
20. FILED 10/29/37 M. M. Brown Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-23-37
22. I HEREBY CERTIFY, That I attended deceased from 10-23-37 to 10-23-37
I last saw him alive on 10-23-37, 1937. Death is said to have occurred on the date stated above, at 10:45 P.M.
The principal cause of death and related causes of importance were as follows:
Pneumonia Date of onset _____
958
Other contributory causes of importance:
Cardiac - type of heart disease not determined
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____
(Signed) O. De Maria, M. D.
(Address) 2402 KC Gen Hosp

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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