

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

Do not use this space.

NOV 16 1937

37442

1. PLACE OF DEATH
 County Clay Registration District No. 198
 Township Fishing River Primary Registration District No. 3011
 City Excelsior Springs, Mo. (No. Vet. Adm. Fac.) St. 3rd (Ward)

2. FULL NAME ESKRIDGE, King
 (a) Residence, No. Vet. Adm. Fac., Excelsior Springs, Mo. Ward Kansas City, Missouri
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 1 mos. 20 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 15, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Rachel Eskridge
 (or WIFE OF)

22. I HEREBY CERTIFY, That I attended deceased from August 25, 1937, 19 , to October 15, 1937.

I last saw him alive on October 15, 1937. Death is said to have occurred on the date stated above, at 8:25 p.m.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 5, 1892
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
44 11 21

Congestive heart failure Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
 10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

Other contributory causes of importance:
Aortic insufficiency
Lues

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chamois, Missouri

Name of operation None Date of
 What test confirmed diagnosis Exam. & obs. Was there an autopsy? No

13. NAME Wesley Eskridge
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

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.

15. MAIDEN NAME Katie (Maiden name unknown)
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

Manner of injury
 Nature of injury

17. INFORMANT Hospital Records (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Kansas City, Ka. DATE 10-16-37, 19

(Signed) A. N. J. Bolan, M.D. Acting Clin. Dir.
 (Address) Veterans Administration Facility
Excelsior Springs, Missouri

19. UNDERTAKER JOHN C. PRATHER
 (ADDRESS) Excelsior Springs, Missouri

20. FILED October 16, 1937 Rosina M. Cracker
 Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCCUPATION FATHER MOTHER

24
2
4

114

2

34

