

DEC 20 1937

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

Do not use this space.

40069

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 210 W. 46 Terr.)

Registration District No. 399
Primary Registration District No. 1002

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

2. FULL NAME Lewis Huntington Falley

(a) Residence, No. 210 W. 46 Terr. St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 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 Mabel H. Falley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 31, 1864

7. AGE YEARS 73 MONTHS 2 DAYS 1 day If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Estate Dealer

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Lafayette (STATE OR COUNTRY) Ind.

13. NAME Lewis Falley

14. BIRTHPLACE (CITY OR TOWN) Lafayette (STATE OR COUNTRY) Ind.

15. MAIDEN NAME Amelia Huntington

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

17. INFORMANT Mrs. Lewis Falley (ADDRESS) 210 W. 46 Terr.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation DATE Nov. 1 1937

19. UNDERTAKER D.W. Newcomer's Sons (ADDRESS)

20. FILED Nov. 1 1937 M. M. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 1, 193722. I HEREBY CERTIFY, That I attended deceased from Sept. 29, 1937, to Oct 31, 1937

I last saw him alive on Oct 31, 1937. Death is said to have occurred on the date stated above, at 4:10 A.M.

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

Prostatic Hypertrophy Date of onset 1933
hemia
chronic intestinal hepatitis
myocarditis & failure 1936

Other contributory causes of importance:

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Name of operation _____ Date of _____

What test confirmed diagnosis? Chemical 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) Louis Villalobos, M. D.(Address) 612 Puy Bldg. - K.C. Mo

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.

Prof. Oldy