

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

Do not use this space.

40122

1. PLACE OF DEATH

County Jackson
Township
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. north East Hospital)

File No.
Registered No. 44375
St. Ward)

2. FULL NAME

(a) Residence, No. 2703 Brown K.C.K. St., Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 4 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1937, to Nov 4, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 27 1893

I last saw him alive on Nov 7, 1937. Death is said to have occurred on the date stated above, at 8:15 A.M.
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS 44 MONTHS 0 DAYS 8 If LESS than 1 day, hrs. or min.

Chronic myocardial degeneration

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Street Car Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. K.C. Public Service
10. Date deceased last worked at this occupation, (month and year) 1936
11. Total time (years) spent in this occupation 14

Other contributory causes of importance: Essential Hypertension

Date of onset Oct 37

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

13. NAME Eli Norcross

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

15. MAIDEN NAME Sarah Combs

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

17. INFORMANT (ADDRESS) Mrs Margaret Norcross 2703 Brown Ave K.C.K.

18. BURIAL, CREMATION, OR REMOVAL PLACE Meriden MO DATE 11-6 1937

19. UNDERTAKER (ADDRESS) Calds Bros 1416 Meriden Ave K.C.K.

20. FILED Nov 4 1937 M. M. Brown Registrar.

Name of operation 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 J. E. Beltram, D.O.
(Signed) J. E. Beltram, D.O. M.D.
(Address) Wallington MO

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.

