

DEC 20 1937

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

Do not use this space.

40319

1. PLACE OF DEATH

County

Township

City

Jackson
Kan
Kansas City

Registration District No.

Primary Registration District No.

(No.)

399
1002
K.C. Gen. Hosp.

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. COLOR OR RACE

w.

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)

8-5-1861

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

76

3

11

OCCUPATION

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

unemployed

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

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN
(STATE OR COUNTRY))17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19. UNDERTAKER
(ADDRESS)

20. FILED

Nov. 17, 1937

M. M. Cronve

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

11-16, 1937

22. I HEREBY CERTIFY, That I attended deceased from

11-6, 1937 to 11-16, 1937

I last saw him alive on 11-16, 1937 Death is said

to have occurred on the date stated above, at 10:15 A.M.

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

Left lower Bronchus
pneumonia

Date of onset

Other contributory causes of importance:

Right Emphysema
and atelectasis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

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) P. J. De Maria, M. D.

(Address)

K.C. Gen. Hosp. Kc

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.

