

DEC 20 1937

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

Do not use this space.

40344

1. PLACE OF DEATH

County Jackson.
Township Kaw.
City Kansas City, Mo.

Registration District No. 399
Primary Registration District No. 1602
(No. St. Lukes Hospital, K.C. Mo.)

File No. _____
Registered No. ACE8
St. _____ Ward _____

2. FULL NAME John E. Surber,

(a) Residence, No. 1417 Prospect Avenue, City St. Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>La Vina Surber</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May, 1872</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>45</u>	<u>6</u>	<u>16</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Printing</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>station owner</u>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 17th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1937, to Nov. 17, 1937

I last saw him alive on Nov. 17, 1937 Death is said to have occurred on the date stated above, at 11:05 P.M.

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

Acute Cardiac Failure Date of onset 1 day
94B

Other contributory causes of importance: Coronary Occlusion - 3 days

Name of operation physical findings Date of _____
What test confirmed diagnosis? autopsy 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? no
If so, specify _____

(Signed) J. C. Lattin, M. D.
(Address) 624 Professional Bldg

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>
	13. NAME <u>Andrew Surber</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>
	15. MAIDEN NAME <u>May J. Miller</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>
17. INFORMANT <u>La Vina Surber,</u> (ADDRESS) <u>1417 Prospect Avenue, City.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Adessa Bur</u> DATE <u>Nov. 1937</u>	
19. UNDERTAKER <u>Mrs. C.L. Forster.</u> (ADDRESS) <u>918 Brookl'm Avenue, K.C. Mo.</u>	
20. FILED <u>Nov 19, 1937 M. M. Brown</u> Registrar.	

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.

