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.

DEC 20 1937

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

Do not use this space.

40383

1. PLACE OF DEATH

County: Jackson — Registration District No.: 390

Township: Kaw — Primary Registration District No.: 1202

City: Kansas City (No. 5608 Woodland St. Ward)

File No.:

Registered No.:

2. FULL NAME Harold S. Soucie

(a) Residence, No. 5608 Woodland 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Elizabeth Soucie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 11, 1883

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
54	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman Fitts-Smith

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:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Anne, Illinois

FATHER

13. NAME: George Soucie

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

MOTHER

15. MAIDEN NAME: Edwidge Seneshal

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

17. INFORMANT: Mrs. Elizabeth Soucie
(ADDRESS) 5608 Woodland

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary DATE: Nov. 23, 1937

19. UNDERTAKER: D. W. Newcomers Sons
(ADDRESS) 1401 Brush Creek

20. FILED: 11-22, 1937 M. M. Crouch, Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 2 p.m.

Deputy Coroner

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

	Date of onset
Coronary Occlusion	
Acute Myocardial Infarction	
9413	

Other contributory causes of importance:

Name of operation: ..... 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?

If so, specify:

(Signed) Russell W. Fen, M. D.

(Address) [illegible]