

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

Do not use this space.

DEC 20 1937

40486

1. PLACE OF DEATH

City Jackson
Township Kan
City Kansas City

Registration District No. 397
Primary Registration District No. 1002

File No. 4800
Registered No. 4800
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2620 Proost 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-15-37

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

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

13. NAME Ben Meadows

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

15. MAIDEN NAME Saming, Elizabeth

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

17. INFORMANT Ben Meadows
(ADDRESS) 2620 Proost

18. BURIAL, CREMATION, OR REMOVAL PLACE Proost Mo DATE 11-30-37, 19__

19. UNDERTAKER QUIRK & TOBIN CO.
(ADDRESS) KANSAS CITY, Mo.

20. FILED Nov 29 1937 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-22, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-15, 1937 to 11-22, 1937

I last saw h.g. alive on 11-22, 1937 Death is said

to have occurred on the date stated above, at 11:35 a.m.

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

Acute appendicitis Date of onset _____

with perforation and

general peritonitis

Other contributory causes of importance: 12/

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. F. De Maria, M. D.

(Address) Sup. KC Gen. Hosp

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

U. S. G. O. 42
FORM-10-22-36
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