

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

Do not use this space.

JAN 17 1938

44136

1. PLACE OF DEATH

County Jackson
Township Tapscott
City Kansas City (No. 399)

Registration District No. 399
Primary Registration District No. 1002

File No. 5039
Registered No. 5039 (Ward)

2. FULL NAME

(a) Residence, No. 217 N. Tapping 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 11, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
— — 3

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) Kansas City, Mo

13. NAME George B Van Booven

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stater, Missouri

15. MAIDEN NAME Mary J. Sullivan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Missouri

17. INFORMANT George Van Booven (ADDRESS) 217 N. Tapping

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 12-15-37

19. UNDERTAKER DUICK & TOBIN CO (ADDRESS) KANSAS CITY MO.

20. FILED Dec 14 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/14/37

22. I HEREBY CERTIFY, That I attended deceased from 12/11/37, 1937, to 12/14/37, 1937.
I last saw him alive on 12/14/37, 1937. Death is said to have occurred on the date stated above, at 10:15 m.

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

Cerebral Hemorrhage Date of onset 12/11/37

1608

Other contributory causes of importance:

Name of operation Renal Date of 12/11/37
What test confirmed diagnosis? — Was there an autopsy? No

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) J. H. Smith M. D.
(Address) 1925 Angell Bldg.

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.

