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.

JAN 17 1938

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

Do not use this space.

44182

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 5085
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. No.14, East 32nd Street St. Ward)

2. FULL NAME James H. TEAGUE
(a) Residence, No. 2630 East 28th Terrace St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 45 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): Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~[illegible]~~ Mrs. Elizabeth Teague

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24th, 1859

7. AGE: YEARS 78 — MONTHS 8 — DAYS 22 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Stone-
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -Mason. 2
10. Date deceased last worked at this occupation (month and year) 1928
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cornwall ENGLAND. 8

FATHER
13. NAME JAMES TEAGUE
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ENGLAND 8

MOTHER
15. MAIDEN NAME MARY HOSKIN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ENGLAND 8

17. INFORMANT (ADDRESS) Mrs. Adelaide M. Link 3817 Montgall, Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE 12/18/37, 19

19. UNDERTAKER (ADDRESS) Mellody-McGilley K.C.Mo.

20. FILED Dec 17, 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1937, to Dec 16, 1937
I last saw him alive on Dec 16, 1937. Death is said to have occurred on the date stated above, at 2:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	12-14-37

Other contributory causes of importance:
Brights Disease
2 years

Name of operation ..... Date of .....
What test confirmed diagnosis? Clin.-Lab. 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? No
If so, specify .....
(Signed) [signature] M. D.
(Address) 1025 [illegible]
H.C.Andersson, M.D.
1025 Rialto Bldg.,

Dr.H.C.Anderson.