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.

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

JAN 17 1938

Do not use this space.

44197

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. Trinity Lutheran Hospital St. Ward)
Registration District No. 399
Primary Registration District No. 1002
File No. 5100
Registered No.

2. FULL NAME Wallace B. Ure
(a) Residence, No. St., Ward. Park Kansas
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 6 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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Myrtle J. Ure
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 11 1878
7. AGE: YEARS 59 MONTHS 8 DAYS 7 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mail Carrier
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

FATHER
13. NAME: William D. Ure
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Canada

MOTHER
15. MAIDEN NAME: Josephine Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

17. INFORMANT (ADDRESS): Mrs Myrtle J. Ure Park Kansas
18. BURIAL, CREMATION, OR REMOVAL
PLACE Grainfield, Ks. DATE Dec 18th 1937
19. UNDERTAKER (ADDRESS): Dew Newcomers Sons Kansas City Mo.
20. FILED Dec 19 1937 M. M. Crow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 - 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12 - 13, 1937, to 12 - 18, 1937
I last saw him alive on 12 - 17, 1937. Death is said to have occurred on the date stated above, at 2:05 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholelithiasis	
Chronic recurrent appendicitis	
Toxemia; local peritonitis	
Cyst of left kidney	

Other contributory causes of importance:

Name of operation Cholecystectomy Appendectomy Date of 12-15-1937
What test confirmed diagnosis? X-ray 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) John H. Outland (A. Ziraky) M. D.
(Address) Rialto Bldg. Kansas City, Mo.