JAN 17 1938

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

Do not use this space.

44366

File No. 5269

Registered No.

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 5900 Ward Parkway St. Ward)

Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME Walter Rufus Van Anglen
(a) Residence, No. 5900 Ward Parkway St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 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 (OR ~~WIFE OF~~) Katherine Van Anglen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 13, 1847

7. AGE: YEARS 90 | MONTHS 4 | DAYS 14 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer 26
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) Dover Missouri 1

FATHER
13. NAME Charles Van Anglen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey 2

MOTHER
15. MAIDEN NAME Dont know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 2

17. INFORMANT (ADDRESS) Evan P. Coffey 5900 Ward Parkway

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lexington, Mo. DATE Dec. 28 1937

19. UNDERTAKER (ADDRESS) Freeman Mortuary & Chapel Kansas City, Mo.

20. FILED Dec 28, 1937 M. M. Crowe Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1932, to Dec 27, 1937
I last saw him alive on Dec 24, 1937. Death is said to have occurred on the date stated above, at 10:20 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| General Arteriosclerosis | |
| Coronary thrombosis | 12/27/37 |
| 94 B | |

Other contributory causes of importance:

Name of operation none Date of
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? no
If so, specify
(Signed) Owen M. Pierson, M. D.
(Address) 6 E 11 Kc Mo.

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.