

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kav. Primary Registration District No. 1002
City Kansas City (No. 602 Westport Road)

File No. 1370
Registered No. 58
St. _____ Ward _____

2. FULL NAME

John B. Maris 120
(a) Residence, No. 602 Westport Rd. 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

MEDICAL CERTIFICATE OF DEATH

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 Louise Maris

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 4, 1938
22. I HEREBY CERTIFY, That I attended deceased from June, 1935, to Jan 4, 1938
I last saw him alive on Jan 4, 1938 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 2, 1847
7. AGE YEARS 91 MONTHS 4 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Repair Shop
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Service Co
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Chronic Myocarditis
930
Other contributory causes of importance:
Arterio-Sclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belgium 7
13. NAME No Record 7
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belgium 7
15. MAIDEN NAME No Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

Name of operation _____ Date of _____
What test confirmed diagnosis? Rept. Phelps Was there an autopsy? No

17. INFORMANT Miss Mary Maris
(ADDRESS) 602 Westport Rd.
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE 1-6-38 19 _____

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. _____

19. UNDERTAKER Wirth & Tobin Co.
(ADDRESS) Kansas City, Mo

Manner of injury _____
Nature of injury _____

20. FILED Jan 5 1938 M. M. Cronan
Registrar.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) R. H. Underwood, M. D.
(Address) 915 Bigelow Bldg

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

FEB 19 1937

BUREAU OF VITAL STATISTICS
M.G. STATE BOARD OF HEALTH