

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

Do not use this space.

1419  
107

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
 Township Kaw Primary Registration District No. \_\_\_\_\_  
 City Kansas City (No. Research Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St., \_\_\_\_\_ Ward. Bogard Ave  
 (Usual place of abode)  
 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF married

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to Jan 7, 1938.  
 I last saw him alive on Jan 7, 1938. Death is said to have occurred on the date stated above, at 6:12 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 26 - 1888

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

7. AGE YEARS MONTHS DAYS If LESS than day, hrs. or min.  
56 02 11

Ruptured peptic ulcer (Dilated Aorta)  
 Date of onset 11/58  
117a

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. Cleaning Shop  
 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 \_\_\_\_\_

Other contributory causes of importance:  
Relieve abscess

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cannon Co. Mo

FATHER  
 13. NAME C. N. Rose

Name of operation Repair Ruptured peptic ulcer Date of 1/2/38  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

MOTHER  
 15. MAIDEN NAME Shirley Link

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.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

17. INFORMANT (ADDRESS) Fred. Rose  
117a

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Bogard DATE 1/9 1938

19. UNDERTAKER (ADDRESS) E. A. Dickinson  
Bogard Mo

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) J. J. Owen 1, M. D.  
 (Address) Commercial Bldg  
No. Kansas City

20. FILED Jan 8 1938 M. M. Crowe  
 Registrar.

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

RECEIVED

FEB 18 1937

BUREAU OF VITAL STATISTICS  
NO. STATE BOARD OF HEALTH

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Please fill in name of wife Sec. 5a.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County ..... Registration District No. .... File No. ....  
Township ..... Primary Registration District No. .... Registered No. 107  
City ..... (No. Research Hospital St. .... Ward)

2. FULL NAME

Arthur D. Rose

(a) Residence, No. .... 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 M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Augusta May Rose

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19...

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

I last saw h. alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 56

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

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

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED Jan 8 1938 J. M. Brown Registrar

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) ..... M. D.  
(Address) .....

SUPPLEMENTARY

Date of onset

RECEIVED

FEB 18 1937

BUREAU OF VITAL STATISTICS  
IND. STATE BOARD OF HEALTH

S-1419