

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

Do not use this space.

1624

**1. PLACE OF DEATH**

County Jackson  
Township Kan  
City Kansas City (No. 42 Gen Hosp)

Registration District No. 399  
Primary Registration District No. 1002

File No. ....  
Registered No. 312  
St. 13 Ward

**2. FULL NAME**

(a) Residence, No. Frank Barrows Ward. 62.0  
(Usual place of abode) Keeping House

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15 1870  
7. AGE YEARS 67 MONTHS 8 DAYS 1 If LESS than 1 day, .....hrs. or .....min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none  
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) New York

FATHER 13. NAME No Record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

MOTHER 15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT Record Clerk, K. C. Gen Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Leads, no DATE 1-21-38

19. UNDERTAKER Quirk and Tobin Co. Kansas City, Mo.

20. FILED Jan 21 1938 H. M. Cronow Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 14 1938 to Jan 15 1938

I last saw him alive on Jan 15 1938 Death is said to have occurred on the date stated above, at 4:45 a.m.

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

Subacute Bacterial Endocarditis; Acute Mitral and Tricuspid

Other contributory causes of importance:

Stenosis  
Suban Pneumonia

Name of operation ..... Date of

What test confirmed diagnosis? ..... 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? If so, specify

(Signed) P. H. De Maria M. D.

(Address) Sub K C Gen Hosp 722

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.

RECEIVED

FEB 18 1937

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NO. STATE BOARD OF HEALTH