

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

Do not use this space.

1736

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Jackson Primary Registration District No. 1002
 City Kansas City (No. 2C Gen Hosp)

File No. E 424
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

William Andrew 350
 (a) Residence, No. 718 W. 11th St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 38 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) Aug 18 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 5 4

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

MOTHER FATHER 13. NAME A Goodrum

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) De W. Clerk

18. BURIAL, CREMATION, OR REMOVAL (ADDRESS) De W. Clerk

19. UNDERTAKER (ADDRESS) Quest - Blair Co

20. FILED Jan 26 1938 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22, 1938

22. I HEREBY CERTIFY That I attended deceased from Jan 16, 1938, to Jan 22, 1938

I last saw de alive on Jan 22, 1938. Death is said to have occurred on the date stated above, at 1:15 PM

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

Pneumonia Date of onset _____
Bilateral Embryoma
108

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Cultures 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? _____
 Also, specify _____
 (Signed) P. F. De Maria M. D.
 (Address) Dept 7C Gen Hosp KCMO

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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MO. STATE BOARD OF HEALTH