

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

Do not use this space.

REC'D MAR 14 1938

1. PLACE OF DEATH

County Jackson
Township Kan
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. 1325-E-8th St)

File No. 5654
Registered No. 220
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1325-E-8th St St. _____ Ward 653
(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

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 20, 1863</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>2</u>	DAYS <u>25</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Contractor</u>		
10. Date deceased last worked at this occupation (month and year)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1938, to Feb 9, 1938

I last saw him alive on Feb 9, 1938. Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Cerebral Haemorrhage about Feb 3, 1938

Other contributory causes of importance:
Arteriosclerosis

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? no 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 Edward J. Boyer M.D. M. D.
(Address) 527 Stewart Bldg.

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>
	13. NAME <u>Pauline Greenwood</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>
	15. MAIDEN NAME <u>No Record</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Record</u>
	17. INFORMANT <u>Miss Nellie Greenwood</u> (ADDRESS) <u>1324-E-8th St</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Highland Park</u> DATE <u>Feb 14, 1938</u>	
19. UNDERTAKER <u>Sheil Funeral Home</u> (ADDRESS) <u>6606 Independence Ave.</u>	
20. FILED <u>2/12, 1938</u> <u>M. M. Brown</u> Registrar	

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.

