

John London

REC'D MAY 9 1938

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

Do not use this space.

13802

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City, Mo (No. Memorial Hospital)

Registration District No. 399
Primary Registration District No. 11007

File No. _____
Registered No. 1782
St. _____ Ward) _____

2. FULL NAME

John Manuel London
(a) Residence, No. _____ St. _____ Ward. Topeka, Kansas
(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 Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23, 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 4 Day

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. Oil Producer
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) Conneautville, Pa

FATHER 13. NAME Manuel London

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Conneautville, Pa

MOTHER 15. MAIDEN NAME Mary Fetterman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Conneautville, Pa

17. INFORMANT Alfred M. London (ADDRESS) Topeka, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Independence, Kansas DATE 4-29 1938

19. UNDERTAKER Petwell Funeral Home (ADDRESS) Topeka, Kansas

20. FILED Apr 27 1938 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27 1938

22. I HEREBY CERTIFY, That I attended deceased from April 22 1938 to April 27 1938
I last saw h.i.m. alive on April 27 1938 Death is said to have occurred on the date stated above, at 10:30 A.M.

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

Coronary Sclerosis

Date of onset 4-22-38

Other contributory causes of importance: Diabetes Mellitus Pulmonary Edema

1926
4-26-38

Name of operation _____ Date of _____
What test confirmed diagnosis? EKG Was there an autopsy? No

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 related to occupation of deceased? No
If so, specify _____

(Signed) M. M. Brown, M. D.
(Address) 1002 Professional Bldg., K.C., Mo.

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.

Robert P. Lehman, Jr.