

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.

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

Do not use this space.

REC'D MAY 9 1938

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 5412) East 24th St St. _____ Ward _____

13808
1788

2. FULL NAME

Thos. Le Roy Muschielly
 (a) Residence, No. 5412 East 24th 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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>None</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 25 1920</u>		
7. AGE YEARS <u>17</u>	MONTHS <u>7</u>	DAYS <u>no</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>School</u>	
	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) <u>Kansas City, Mo</u>		
FATHER	13. NAME <u>Merrill Muschielly</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wichita, Kan</u>	
MOTHER	15. MAIDEN NAME <u>Mary M. Muschielly</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wichita, Kan</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Mary M. Woodson</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Beulah Park, K.C. Mo</u> DATE <u>Apr 27, 1938</u>		
19. UNDERTAKER (ADDRESS) <u>J. P. Lewis Funeral Home, 3400 Woodland, K.C. Mo</u>		
20. FILED <u>Apr 27 1938</u> <u>W. A. Brown</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25 1938

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

I last saw h. _____ alive on Apr 25, 19____. Death is said to have occurred at home at _____ m. The principal cause of death and related causes of importance were as follows:
Death by hanging
 Date of onset 11/6

Other contributory causes of importance:

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? suicide Date of injury 4-25-38
 Where did injury occur? K.C. Mo. county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury found hanging in the attic at home
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) W. A. Brown M. D.
 (Address) San Hosp, K.C. Mo

