

REC'D JUL 12 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 369
Township Nau Primary Registration District No. 002
City Kansas City (No. 4513, State Line)

File No. 20851
Registered No. 2301
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 4513 State Line 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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Julia Ormsby</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>February 1 '61</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>4</u>
	DAYS <u>4</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>none</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>Missouri</u>		
FATHER	13. NAME <u>Joseph Ormsby</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Nancy Callens</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no Record</u>	
17. INFORMANT (ADDRESS) <u>Joseph A. Ormsby Jr.</u> <u>4573 State Line</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Marys</u> DATE <u>6/7/38</u> 19 <u>38</u>		
19. UNDERTAKER (ADDRESS) <u>Zwick and Zimm Co.</u> <u>Kansas City, Mo.</u>		
20. FILED <u>6-6</u> 19 <u>38</u> <u>M. M. Crowe, asst.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-5-38 1938

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

I last saw Deputy Coroner Death is said to have occurred on the date stated above, at 2:57 p.m.

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

Hypertensive Myocardium Date of onset _____
Acute Pulmonary Edema

Other contributory causes of importance: None

Name of operation _____ Date of _____
What test confirmed diagnosis Autopsy 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) Russell W. Ben M. D.
(Address) _____

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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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.

