

AUG 8 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township
City Kansas City

Registration District No. 326
Primary Registration District No. 32
(No. Research Hospital)

File No. 24234
Registered No. 2729 Ward
St. 415

2. FULL NAME

(a) Residence, No. 3410 East 19th St. Ward.

(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

MEDICAL CERTIFICATE OF DEATH

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>John P. Walborn</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 22, 1896</u>		
7. AGE YEARS <u>41</u>	MONTHS <u>10</u>	DAYS <u>13</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation <u>1</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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Harwich, Massachusetts</u>		
13. NAME <u>No record</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No record</u>		
15. MAIDEN NAME <u>No record</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No record</u>		
17. INFORMANT <u>John P. Walborn</u> (ADDRESS) <u>3410 East 19th St. K.C. Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACED <u>Green Lawn</u> DATE <u>July 7, 1938</u> <u>Kansas City, Mo.</u>		
19. UNDERTAKER (ADDRESS) <u>George C. Carlson</u> <u>Independence, Mo.</u>		
20. FILED <u>7-7-38</u> <u>M. M. Crockett</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/5/38 19

22. I HEREBY CERTIFY, That I attended deceased from 7:00 to 7:00, 19

I last saw h. alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:
Influenza pneumonia
(Self induced)
Acute peritonitis

Other contributory causes of importance:
no

Name of operation Date of
What test confirmed diagnosis Autopsy 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 in any way related to occupation of deceased? 4-
If so, specify Atch
(Signed) [Signature] M. D.
(Address) [Signature]

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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