

REC'D 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(No. St. Mary's Hospital)

Registration District No.

Primary Registration District No.

File No.

Registered No.

St. 2876 Ward

2. FULL NAME

(a) Residence, No. 1228 Cedar
(Usual place of abode)

Ward.

(If not resident, 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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male White Widowed

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

Widowed - York

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

Oct. 25, 1861

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

76 8 19

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Railroad, K.C. Mo.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

7-12-7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Knobnoster
Missouri

MOTHER FATHER

13. NAME

Jesse M. Christy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

No record
Kentucky

15. MAIDEN NAME

Jennie Vellan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Bedonville
Missouri

17. INFORMANT (ADDRESS)

Walter M. Christy
1722 Howard - Englewood

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Woodlawn

DATE

July 17, 1938

19. UNDERTAKER (ADDRESS)

George C. Carson
Independence, Mo.

20. FILED

7-171938W. M. Crow
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

July 14, 193822. I HEREBY CERTIFY That I attended deceased from May 31, 1938, to July 14, 1938I last saw deceased alive on 7-14, 1938 Death is said to have occurred on the date stated above, at 7:40 P.M.

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

Uremia
Exacerbation
Chronic nephritis

Date of onset

Other contributory causes of importance:

131

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? No Date of injury July 14, 1938Where did injury occur? Home

(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

(Signed)

W. M. Crow, M. D.

(Address)

1000 OliveDr. W. F. Miller, Asst. Reg.

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.

