

REC'D OCT 19 1938

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

Do not use this space.

**1. PLACE OF DEATH**

County

Township

City

Registration District No.

Primary Registration District No.

St.

Ward)

**2. FULL NAME**

(a) Residence, No.

(Usual place of abode)

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.

File No.

31998

Registered No.

St.

Ward)

**PERSONAL AND STATISTICAL PARTICULARS****3. SEX****4. COLOR OR RACE****5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word)**5A. IF MARRIED, WIDOWED, OR DIVORCED**HUSBAND OF  
(OR) WIFE OF**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)****7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1  
day, .....hrs.  
or .....min.

OCCUPATION

**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.****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)****13. NAME****14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)****15. MAIDEN NAME****16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)****17. INFORMANT (ADDRESS)****18. BURIAL, CREMATION, OR REMOVAL**

PLACE

DATE

**19. UNDERTAKER (ADDRESS)****20. FILED**

Date

Year

Month

Day

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

Mar 30 1938

**22. I HEREBY CERTIFY, That I attended deceased from**

Mar. 28, 1938, to Mar. 30, 1938.

I last saw him alive on Mar. 30, 1938.

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:

Bronchial pneumonia

Date of onset  
3/28/38

Other contributory causes of importance:

Chronic myocarditis with auricular fibrillation

1936

Name of operation

No

Date of

What test confirmed diagnosis?

Clinical

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?**

If so, specify

(Signed)

Patient's name, M. D.

179

(Address)

North Kansas City, Mo

Registrar.

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.

RECEIVED  
District Health Officer No. 8  
District File Number 8  
Date Filed 10/14/38