

REC'D OCT 21 1938

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

Do not use this space.

32363

1. PLACE OF DEATH

County Jackson
Township Bloss
City Independence (No. _____)

Registration District No. 398
Primary Registration District No. 3019

File No. _____
Registered No. 234
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1200 W Walnut St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 9 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 Male 4. COLOR OR RACE Wht. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3- 1938

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

22. I HEREBY CERTIFY, That I attended deceased from July 1 1938, to Sept 3- 1938
I last saw him alive on Sept 3 1938. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 3-1871

to have occurred on the date stated above, at 10:00 P.M.
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS 66 MONTHS 10 DAYS - If LESS than 1 day, _____ hrs. or _____ min.

Other contributory causes of importance:
Cerebral hemorrhage Date of onset July-38
Left sided hemiplegia
Quantitative skin infection
Cellulitis
This was the 4th cerebral
hemorrhage

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

Arteriovascular renal
failure with hypertension
several years

12. BIRTHPLACE (CITY OR TOWN) Kansas City (STATE OR COUNTRY) Missouri

Name of operation _____ Date of _____
What test confirmed diagnosis? Plum Was there an autopsy? NO

13. NAME Phillip DuVal

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.

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

Manner of injury _____
Nature of injury _____

15. MAIDEN NAME Oakhley

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____

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

(Signed) W. L. Allen, M. D.
(Address) 1000 E. Persimmon, Mo.

17. INFORMANT Gene DuVal (ADDRESS) 1200 W Walnut

18. BURIAL, CREMATION, OR REMOVAL PLACE Truist Home DATE Sept. 6 1938

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____

19. UNDERTAKER Cato & Opfers Funeral Home (ADDRESS) Independence, Mo.

20. FILED 9-10-38 J. L. Cook Registrar

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N. B.—Every item of information should be carefully supplied. A false statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

SECRET

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