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.

NOV 21 1938

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

Do not use this space.

34615

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 3954
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City, Mo (No. 1030 Benton Blvd. St. Ward)

2. FULL NAME Thurlow Raichley
(a) Residence, No. 1030 Benton Blvd. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/16/1876
7. AGE: YEARS 52 — MONTHS 0 — DAYS 21 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police Officer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Kansas City
10. Date deceased last worked at this occupation (month and year) 10/6/38
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 0

FATHER
13. NAME Augustus Raichley 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record 9

MOTHER
15. MAIDEN NAME Catherine Rogers ~~No record~~
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT (ADDRESS) Mrs. Rose Mary ~~Ellen~~ Elliott 1030 Benton Blvd.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Washington DATE 10/10/38, 19
19. UNDERTAKER (ADDRESS) Sheil Funeral Home 6606 Indep. Ave., K. C. Mo.
20. FILED Oct 10, 1938 M. M. Crome Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-7-38, 19
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....
I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 5:30 a.m.
The principal cause of death and related causes of importance were as follows:

Gunshot wound of head — Date of onset

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Other contributory causes of importance:

Name of operation ..... Date of ....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 10-7-38, 19
Where did injury occur? K. C. Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Found dead @ 1030 Benton
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) Gen Hosp, K. C. Mo.