

REC'D NOV 21 1938

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

 34917
 Do not use this space.

1. PLACE OF DEATH

 (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 3201 Southwest Blvd. Registered No. 4253 St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

423 William J. Ralston
 (a) Residence, No. 124 Barber, K. C., Ks. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clezena Ralston
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 8, 1907
 7. AGE YEARS 31 MONTHS _____ DAYS 20 IF LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk
 9. Industry or business in which work was done, as 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) California13. NAME James Ralston14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.15. MAIDEN NAME Elizabeth Murphy16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo.17. INFORMANT (ADDRESS) Mrs. Elizabeth Swaine
124 Barber, K. C., Ks.18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE 10/21/38 1919. FUNERAL DIRECTOR (NAME) (ADDRESS) QUIRK & TOBIN CO.
Kansas City, Mo.20. FILED Oct 31, 38 19 M. M. Browe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/28/38

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 _____ m.

The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
Relaxation of the heart
Acute pericarditis
 Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis _____ Was there an autopsy? Yes23. 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) [Signature]

(Address) _____

4, M. D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.