

REC'D FEB 20 1939

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

Do not use this space.

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township

Primary Registration District No. 1002

City Kansas City

(No. St. Marys Hospital)

File No. 1157

Registered No. 170

St. _____ Ward)

2. FULL NAME Henry Frank Sheble

(a) Residence, No. 8 S. 16 St., Kansas City, Kansas Ward.

Length of residence in city or town where death occurred

yrs. 2 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)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Mrs. Emma G. Sheble

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9, 1866

7. AGE

YEARS

MONTHS

DAYS

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

72

9

3

OCCUPATION

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

Retired Locomotive

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

Engineer for MO. Pacific R.R.

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

Feb. 18, 1937

11. Total time (years) spent in this occupation

50

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

Ohio

FATHER

13. NAME Louis M. Sheble

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

Germany

MOTHER

15. MAIDEN NAME Rhoda Braun

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

Ohio

17. INFORMANT (ADDRESS)

Frank W. Sheble 925 Northrup, K.C.K.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Highland Park, K. DATE 1/14/39

19. UNDERTAKER (ADDRESS)

Geo. H. Long Kansas City, Kansas

20. FILED

Jan 14 1939 M. M. Browne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14 1938, to Jan 12, 1939

I last saw him alive on Jan 12, 1939. Death is said to have occurred on the date stated above, at 10:55 P.M.

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

Bronchial Pneumonia Jan. 1 - 39

Date of onset

59

Other contributory causes of importance:

Diabetes Mellitus
Diverterculosis

Swollen
liver
20.39

Name of operation _____ Date of _____

What test confirmed diagnosis? physical & laboratory 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? No

If so, specify

(Signed) J. E. Castle, M. D.

(Address) 1002 Argyle Bldg
K.C., Mo

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.

SEP 11 1944

RECEIVED
OFFICE OF THE
DIRECTOR OF THE
BUREAU OF RESEARCH
SEP 11 1944

MEMORANDUM

TO: THE DIRECTOR

FROM: [Illegible]

SUBJECT: [Illegible]

DATE: [Illegible]

[Illegible text]

Dr. Castles
Argyle