

REC'D FEB 21 1939

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

Do not use this space.

2556

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence

Registration District No. 398
Primary Registration District No. 3019

File No.
Registered No. 30
St. Ward)

2. FULL NAME

(a) Residence, No. 2017 Warren D. House
(Usual place of abode) Blue Springs, Mo. Ward.

(If nonresident, give city or town and State)

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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF. Violet House

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT 24-1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 3 3

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. Dairman
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) Colorado13. NAME E. B. House14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Janette Price16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) Violet House
Blue Springs Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Springs DATE 1-29-3919. UNDERTAKER (ADDRESS) R. B. Witt
Blue Springs Mo20. FILED 2-2-39 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29 - 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 7 - 1939 to Jan 27 - 1939
I last saw him alive on Jan 27 - 1939 Death is said

to have occurred on the date stated above, at 7:00 PM

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

Pyonephrosis - Date of onset

Other contributory causes of importance:

Ruptured - Corpora Spungiosa
Prostata - with structural
changes & abscesses there
of the prostate gland & ruptured
of the bladder Date of Oct. 1st 1939
Was test confirmed diagnosis? Yes Was there an autopsy? No

23. If death was due to external causes (violence); fill in also the following:
Accident, suicide, or homicide? accident Date of injury Jan. 1938

Where did injury occur? In home -
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
In home
Manner of injury Ruptured Corpora Spungiosa
Nature of injury Prostata

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....
(Signed) E. F. Allen, M. D.

(Address) Independence
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.

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... major portion of case, in ... of ...

Fracture or lare corpora spongiosa
& urethra in the act of cohabitation
with his wife which resulted in
extravasation of urine into base of
penis and scrotum necessitating incision
and drainage of a urethral fistula
and urine through fistula.

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