

REC'D MAR 9 1939

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

Do not use this space.

5629

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kan. Primary Registration District No. 1002
City Kansas City (No. 4212 So. Benton)

File No. _____
Registered No. 828 (Ward)

2. FULL NAME

(a) Residence, No. Keokuk, Iowa Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John W. Philp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 13-1885

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
53 5 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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

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

13. NAME Edward Carpenter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Van. Gallia, Ill

15. MAIDEN NAME Lydia Blair

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

17. INFORMANT (ADDRESS) John W. Philp Keokuk, Iowa

18. BURIAL, CREMATION, OR REMOVAL PLACE Ft. Madison DATE Feb 24 1939

19. UNDERTAKER (ADDRESS) Egley Funeral Home Keokuk, Iowa

20. FILED 124 19 39 M. M. Browe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 23 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-9, 1939, to 2-23, 1939.

I last saw him alive on 2-22, 1939. Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:
Pneumonia (Bronial) Date of onset 2-21-39

Cardiac Failure from Chronic Myocarditis 35 years.

Other contributory causes of importance:
Arteriosclerosis (Progressive) 17 years.
Coronary Arteriosclerosis and Bronchitis. Superior Brain type

Name of operation _____ Date of _____
What test confirmed diagnosis? lab. 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) W. E. Wyckoff M. D.
(Address) 3644 Forest St. S. E. 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.

assigning to 93c as
Dr. Bychoff says the
tuberculous condition was
completely cleared up.

Pasteur