

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

Do not use this space.

38691

1. PLACE OF DEATH

County Jackson 3 Registration District No. 395 File No. _____
 Township Kaw 1 Primary Registration District No. 100 Registered No. 4455
 City Kan City (No. 17th & Maryland (School) Ward _____)

2. FULL NAME

(a) Residence, No. 4019-B-67 Tense Ward. _____
 (Usual place of abode) (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 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 Mary Horsley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20-1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
74 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stationary
 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) Missouri

FATHER 13. NAME Wm Horsley

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

MOTHER 15. MAIDEN NAME Dora Grindstiff

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

17. INFORMANT (ADDRESS) Mary Horsley

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Memorial Park 11-22-39

19. UNDERTAKER (ADDRESS) Bergman Funeral Home

20. FILED Nov 22 1939 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-20-39 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 1939

I last saw Deceased on 11-20-39 at Coroner, 1939. Death is said to have occurred on the date stated above, at 2:16 P m.

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

Hypertensive Myocarditis Date of onset _____

Other contributory causes of importance: Acute Pneumonia, Edema, Chronic Nephritis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1939

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? _____

(Signed) Queller, M. D.
 (Address) _____

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.

