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

Do not use this space.

36919

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1092 — Registered No. 2
City Kansas City (No. 223 Bayard St. 3 Ward)

2. FULL NAME Neilson W. Van Liew
(a) Residence. No. 223 Bayard St., 3 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 30 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): widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jessie Van Liew

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 25, 1849

7. AGE: Years 78 — Months 10 — Days 19 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Mechanic 131 93 95
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

PARENTS
10. NAME OF FATHER: don't know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): New Jersey
12. MAIDEN NAME OF MOTHER: Katherine Wk
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): New Jersey

14. INFORMANT: L. H. Van Liew
(Address) 223 Bayard Ave K C Mo

15. FILED 12/15, 1927 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 14 1927

17. I HEREBY CERTIFY That I attended deceased from Oct 14, 1927 to Dec 14, 1927 that I last saw him alive on Dec 14, 1927 and that death occurred, on the date stated above, at 10 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
Dilitation of Heart
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Nephritis. Chronic
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 129 A

9 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) L. T. Hollis M.D.
12/15, 1927 (Address) Kansas City Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Forest Hill — DATE OF BURIAL: 12/16/27

20. UNDERTAKER: The Freeman Mortuary — ADDRESS: 42 nd & Baltimore

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

702 [illegible].
12th [illegible].