

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

Do not use this space.

23879
3005

1. PLACE OF DEATH
 County Jackson Registration District No. 399 File No. 23879
 Township Kau. Primary Registration District No. 1002 Registered No. 3005
 City Kansas City 3950 Walnut St St. 7 Ward 7

2. FULL NAME Silo Jules Pleasew.
 (a) Residence No. 3950 Walnut St (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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-5-28
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 1 8
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Child
 (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) Lapeer Mich
 10. NAME OF FATHER John H. Pleasew.
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Platt Mich
 12. MAIDEN NAME OF MOTHER Bessie M. Brown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Piquette Mich

14. INFORMANT (Address) John H. Pleasew 3950 Walnut St
 15. DATE July 13, 1928 Kansas City Mo. Registrar M. M. Brown

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 13 1928
 17. I HEREBY CERTIFY That I attended deceased from June 5, 1928 to July 13, 1928 that I last saw h. seen alive on July 12, 1928, and that death occurred, on the date stated above, at 3950 Walnut St
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Branch pneumonia
25
107A
 (duration) yrs. mos. ds. 1
 CONTRIBUTORY Conjunctival tumor of chest (SECONDARY)
Presumably lymphosarcoma (duration) yrs. mos. ds. 8
 18. WHERE WAS DISEASE CONTRACTED Child
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? no DATE OF no
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? X-Ray of chest showed irregular hilar tumor extending to left (Signed) J. H. Pleasew, M. D.
 1918 (Address) 3950 Walnut St
 *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 Piquette Mich DATE OF BURIAL 7-13 1928
 20. UNDERTAKER J. P. Mansour Piquette Mich

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.

