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

Do not use this space.

36939

1. PLACE OF DEATH U.S.V.Hosp. #67

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 4588

City Kansas City, Mo. (No. U.S. Veterans Hosp St. Ward)

2. FULL NAME STACK, James C-None WOE

(a) Residence. No. 117 S 38th Ave. St., Ward. Sgt. 2nd T.N.D. 2nd Div.

(Usual place of abode) Omaha, Nebraska (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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 16, 1885

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
43	0	27	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

3/4

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Hospital Records

(Address) U.S. Vet Hospital

15. FILED 11/14, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 13 1928

17. I HEREBY CERTIFY, That I attended deceased from October 24, 1928, to November 13, 1928 that I last saw him alive on November 13, 1928, and that death occurred, on the date stated above, at 8:15 PM. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Neurosyphilis

38

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Meningitis, Cerebral syphilitic

Unknown (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Unknown

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Neurological & examination of blood & spinal fluid.

R.C.R. (Signed) W.E. CHAMBERS, Medical Officer in Charge M.D.

11/14 (Address) U.S.V. Hospital, 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: Leavenworth Kan — DATE OF BURIAL: 11/15 1928

20. UNDERTAKER: The Taylor Funeral Home Inc — 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.