

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.

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township New
City Kansas City (No. 7000)

Registration District No. 300
Primary Registration District No. 1000

File No. 31537-D
Registered No. 5215
St. 13 Ward

2. FULL NAME

(a) Residence, No. 3632 Prospect 13 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 18-1898

7. AGE YEARS 53 MONTHS 11 DAYS 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salmon

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Automobile

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) Shawano Wisconsin

13. NAME J. R. Butler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin Unknown

15. MAIDEN NAME Mary Boede

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown France

17. INFORMANT (ADDRESS) Re. Wild Clerk 7000 General Hosp.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Raphael's 60 DATE 1931

19. UNDERTAKER (ADDRESS) Peter B. Lepitona R.C. Hosp.

20. FILED Dec 31 1931 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-29 1931

22. I HEREBY CERTIFY, That I attended deceased from 8-6 1931 to 9-29 1931

I last saw him alive on 9-29 1931 Death is said to have occurred on the date stated above, at L.D.S. Hosp.

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

Coronary occlusion Date of onset

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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?

If so, specify

(Signed) P. B. Williams M. D.

(Address) Supr. R. C. Gen. Hosp. R.C.M.

