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.

NOV 10 1933

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

Do not use this space.

33174

1. PLACE OF DEATH
County JACKSON — Registration District No. 399 — File No. 4109
Township KAW — Primary Registration District No. 1002 — Registered No. 4109
City KANSAS CITY (No. 1322-EAST-32ND ST. TERRACE St. ..... Ward)

2. FULL NAME JOHN SKILLMAN RAYMOND
(a) Residence, No. 1322-EAST-32ND ST. TERRACE Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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~~ MRS CARRIE B. RAYMOND
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH-9-1871
7. AGE: YEARS 62 — MONTHS 7 — DAYS 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1920
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) KEARNEY (STATE OR COUNTRY) MISSOURI

FATHER
13. NAME JOHN JEFF RAYMOND
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY

MOTHER
15. MAIDEN NAME ANNA T. SKILLMAN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

17. INFORMANT MRS. CARRIE B. RAYMOND (ADDRESS) 1322-EAST-32ND ST. TERRACE
18. BURIAL, CREMATION, OR REMOVAL PLACE CREMATION DATE OCTOBER-18, 1933
19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) 2111-EAST-9TH ST.
20. FILED 10-18, 1933 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCTOBER-17, 1933
22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1933 to Oct. 17, 1933
I last saw him alive on Oct 15, 1933. Death is said to have occurred on the date stated above, at 7:30 A.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of bladder
51B
133A
51

Date of onset

Other contributory causes of importance:
Pyelo Nephritis

Name of operation none — Date of —
What test confirmed diagnosis? clinical + necropsy — 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? no
If so, specify —
(Signed) A. Miller, M. D.
(Address) 717 Shukert Bldg

Abram Mills
717 Shukert Bldg
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