

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

Do not use this space.

36574

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Jkaw Primary Registration District No. 1002  
 City Kansas City (No. 42) General Hosp St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 4495  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 495 N Cleveland Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>1881</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 6 - 1887</u>		
7. AGE	YEARS <u>52</u>	MONTHS <u>2</u>
	DAYS <u>9</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Janitor</u>	
	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)	11. Total time (years) spent in this occupation

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-15 . 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-13 1933 to 11-15 1933

I last saw him alive on 11-15 1933. Death is said to have occurred on the date stated above, at 7:30 PM.

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

Chronic myocarditis with cardiac decompensation

Other contributory causes of importance: 930

Date of onset \_\_\_\_\_

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wisconsin</u>
	13. NAME <u>Frank Doris</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wisconsin</u>
	15. MAIDEN NAME <u>Anna Thompson</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Norway</u>
17. INFORMANT <u>Deirda Clark</u> (ADDRESS) <u>42 General Hosp</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St of Missp</u> DATE <u>November 17, 1933</u>	
19. UNDERTAKER (ADDRESS) <u>John Sheehan, 4316 Forest, Kitchy, Missouri</u>	
20. FILED <u>Nov 16, 1933</u> <u>M. M. Carone</u> Registrar.	

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

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. P. De Maria M. D.  
 (Address) 11-16-33 42 General Hosp

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.

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

JAN 3 1934

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