

AUG 24 1936

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

Do not use this space.

26502

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Kaw Primary Registration District No. 1002  
City Kansas City (No. Research) St. Research Ward 9th + Oak

File No. 26502  
Registered No. 2160  
St. Research Ward 9th + Oak

2. FULL NAME

Clyde W. Vilott  
(a) Residence, No. Snyderhof St. Hotel Ward 9th + Oak  
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July - 4 1936

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

22. I HEREBY CERTIFY, that I attended deceased from 10-29 1930 to July 4 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March - 9 - 1894

I last saw h. alive on July 3 1936. Death is said to have occurred on the date stated above, at 2 A.m.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>42</u>	<u>2</u>	<u>25</u>	

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

Congestive Heart Failure Date of onset 1935

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prop  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant's Cafe  
10. Date deceased last worked at this occupation (month and year) 1935  
11. Total time (years) spent in this occupation 1 1/2

Other contributory causes of importance: Typhoid - Autolobular 1933  
Exertion 1930

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caprioma County Kansas

FATHER 13. NAME J. W. Vilott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caprioma Co Kansas

MOTHER 15. MAIDEN NAME Clara B. Hookman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Granada Ks

17. INFORMANT Mrs. Clara B. Vilott (ADDRESS) Avon - Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE July - 7 1936

19. UNDERTAKER Wm. M. Brown Sons (ADDRESS) Kansas City - Mo.

20. FILED July 6 1936 M. M. Brown 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? No  
If so, specify \_\_\_\_\_  
(Signed) Donald R. Black, M. D.  
(Address) 944 Pine Bldg.

N. B.—Every item of information secured by this certificate is for the purpose of determining the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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