

Ala

NOV 16 1936

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

Do not use this space.
37674

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township J. Kaw Primary Registration District No. 1002
City Kansas City No. 1321 Monroe St. Ward

File No. _____
Registered No. 05201
St. _____ Ward _____

2. FULL NAME

Leonard H. Bewick

(a) Residence, No. 1321 Monroe St., _____ Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 Edna May Bewick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 61 9 0

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

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

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 28 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Wisconsin

13. NAME John W. Bewick

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

15. MAIDEN NAME Georgia Ann Hord

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

17. INFORMANT (ADDRESS) Mrs Edna May Bewick 1321 Monroe

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE Oct-14-1936

19. UNDERTAKER (ADDRESS) West Newcomer Sons Kansas City Mo

20. FILED Oct 13 1936 M. M. Grooms Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-12-1936

I HEREBY CERTIFY, That I attended deceased from May 15, 1936 to Oct 12, 1936

I last saw him alive on Oct 10, 1936 Death is said to have occurred on the date stated above, at 6:30 A.M.

The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis + Mitral Regurgitation
chronic nephritis

Date of onset 6 yrs

Other contributory causes of importance:

gradual exposure

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Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) W. M. Grooms, M. D.
(Address) 2400 9th

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.

2400 Cypress

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