

DEC 20 1936

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

Do not use this space.

41443

## 1. PLACE OF DEATH

County JacksonRegistration District No. 399

File No. ....

Township ParisPrimary Registration District No. 1002Registered No. 5124City Kansas CityName of Health Officer Wheatley Prot. Hosp

St. .... Ward)

## 2. FULL NAME

(a) Residence, No. 1328 Paris St. .... 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 m. 4. COLOR OR RACE col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 28 18897. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
46 10 238. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Policeman

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.....

12. BIRTHPLACE (CITY OR TOWN) New Orleans  
(STATE OR COUNTRY) Louisiana13. NAME Harrison Stella14. BIRTHPLACE (CITY OR TOWN) New Orleans  
(STATE OR COUNTRY) Louisiana15. MAIDEN NAME Ameles16. BIRTHPLACE (CITY OR TOWN) New Orleans  
(STATE OR COUNTRY) La17. INFORMANT Ledie Wells  
(ADDRESS) 1328 Paris18. BURIAL CREMATION, OR REMOVAL PLACE Highland DATE 11/24 193619. UNDERTAKER Watkins Bros  
(ADDRESS) 1729 Ledie20. FILED Nov. 24 1936 M. J. Brown  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 21. 193622. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1936, to Nov. 21, 1936I last saw him alive on Nov 21, 1936 Death is said to have occurred on the date stated above, at 5:15 p.

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

Hypertensive Heart Disease  
Arteriosclerotic hepatitis  
Uremia  
Lobar Pneumonia  
Date of onset

Other contributory causes of importance:

Name of operator Chemical Laboratory Date of .....  
What test confirmed diagnosis? to (If an autopsy?) no23. 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) Royall B. Fleming ..... M. D.  
(Address) 227 Lincoln Bldg.

