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.

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

Do not use this space.

MAY 15 1937

File No. 15038

Registered No.

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Kaw — Primary Registration District No.: 1002

City: Kansas City (No. 4026 - Central St. Ward)

2. FULL NAME: Edwin Bissell

(a) Residence, No. 4026 Central 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: 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: Cessie Bissell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 25 - 1851

7. AGE: Years 85 Months 3 Days 6 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired 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):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

FATHER

13. NAME: Albert Bissell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio Graham

MOTHER

15. MAIDEN NAME: Mary [illegible]

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland

17. INFORMANT (ADDRESS): Roy Bissell 4026 Centre

18. BURIAL, CREMATION, OR REMOVAL PLACE: Excelsior Springs DATE: 4-2 1937

19. UNDERTAKER (ADDRESS): Charles Prichard Excelsior Springs Mo.

20. FILED: Apr 2 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 1 37

22. I HEREBY CERTIFY, that I attended deceased from Feb 28 - 1937, to April 1 - 1937

I last saw him alive on April 1 - 1937. Death is said to have occurred on the date stated above, at 11 p.m.

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

	Date of onset
Arteriosclerosis -	—
Diagnosis 12 yrs. ago -	

Other contributory causes of importance:

Senility

Name of operation — Date of

What test confirmed diagnosis? Physical 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? no

If so, specify

(Signed) Mary J. Lower M. D.

(Address) 4116 Walnut St. K. C. Mo.