

MAY 15 1937

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

Do not use this space.

15309

1. PLACE OF DEATH

County Jackson

Township Wasson City

City Kansas City (No. 399)

Registration District No. 1002

Primary Registration District No. Mercy Hospital

File No. 15309

Registered No. 15309

St. Wasson

Ward

2. FULL NAME Arthur Dewdney

(a) Residence, No. 907 N. 6th

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. day

yrs.

mos.

day

How long in U. S., if of foreign birth?

yrs.

mos.

day

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19-1929

7. AGE

YEARS 7

MONTHS 8

DAYS 29

If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) McCreedie Mo

FATHER

13. NAME Frank M Dewdney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Seattle Wash

15. MAIDEN NAME Sarah Rabbitts

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo

17. INFORMANT (ADDRESS) Frank M Dewdney

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Johns R.P.K. DATE 4-20 1937

19. UNDERTAKER (ADDRESS) Geo. F. Porter & Sons

20. FILED Apr 19 1937 M.M. Crowe

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-18 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-29 1936 to 4-18 1937

I last saw him alive on 4-18 1937. Death is said to have occurred on the date stated above, at 3:15 p.m.

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

Obstruction of Foramen magnum secondary to syphilis
Medullary Edema
Other contributory causes of importance: Root operation
none

Date of onset 3-10-37

Name of operation Cranotomy Date of 4-16-37

What test confirmed diagnosis? Biopsy Was there an autopsy? yes

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) Harvey E. Linn, M.D.

(Address) 806 Prof. Bldg. Univ. Mo.

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.

Harry E. Ezmi
806 Prof. Bldg.

1800

obstruction of foramen
Magendie's with secondary
hydrocephalus

Medullary edema
(postoperative)

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City..... (No. *10*) *Mercy Hospital* St. Ward)

File No. *1855*
Registered No.

2. FULL NAME

(a) Residence, No. St. Ward. *Kansas City, Mo.*
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
	<i>7</i>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		DAYS
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		If LESS than 1 day, hrs. or min.
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)		
13. NAME		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
15. MAIDEN NAME		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19..		
19. UNDERTAKER (ADDRESS)		
20. FILED <i>4/19/37</i> <i>Dr. J. H. Crowe</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 18, 1937*

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h. alive on 19..... Death is said to have occurred on the date stated above, at..... m.

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

Obstruction of foramen magnum with secondary Hydrocephalus. Congenital Kidneys. Medullary Edema part of 4-17-37

Date of onset

Other contributory causes of importance:

Name of operation *Cranotomy* Date of 19.....

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) , M. D. (Address)

N. B.—Every item of info. shown 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.

RECEIVED

5-15309