

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

Do not use this space.

JUN 12 1937

19041

1. PLACE OF DEATH

County Jackson
Township Jackson
City Kansas City (No. K.C. General Hosp)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 2255 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 427 Sullivan Court Ward. 1
(Usual place of abode)

Length of residence in city or town where death occurred 17 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-23-1920</u>		
7. AGE	YEARS <u>17</u>	MONTHS <u>0</u>
	DAYS <u>21</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>	
	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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-14, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-14, 1937, to 5-14, 1937
I last saw him alive on 5-14, 1937. Death is said to have occurred on the date stated above, at 12:24 PM
The principal cause of death and related causes of importance were as follows:
Valvular disease, Chronic Cardiac, Mitral regurgitation and stenosis
Date of onset 920

Other contributory causes of importance: _____

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	13. NAME <u>James Linnerson</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	15. MAIDEN NAME <u>Johnson</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	17. INFORMANT (ADDRESS) <u>John Linnerson 427 Sullivan</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>West Park</u> DATE <u>May 12, 1937</u>	
19. UNDERTAKER (ADDRESS) <u>Forest Burial</u>	
20. FILED <u>May 16, 1937</u> <u>M. M. Brown</u> 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?
If so, specify _____
(Signed) R. T. De Marco M. D.
(Address) Supt K.C. Gen Hosp KC

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.

