

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

Do not use this space.

JUN 12 1937

19095

1. PLACE OF DEATH

County Jackson
Township Howe
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. 1334 Charlottesville)

File No. 19095
Registered No. 2500
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1934 Charlottesville St., _____ Ward. 1

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Fe 4. COLOR OF RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1925, to May 19, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 22, 1886

I last saw h. _____ alive on May 19, 1937. Death is said to have occurred on the date stated above, at 11:30 a.m.

7. AGE YEARS 76 MONTHS 3 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

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

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

Date of onset

Cerebral Hemorrhage
82a1

Other contributory causes of importance: _____
Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME George Smith

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

15. MAIDEN NAME Emilia Ashcraft

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

17. INFORMANT Clyde Robinson (ADDRESS) 1334 Charlottesville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE May 21, 1937

19. UNDERTAKER Mrs. C. L. Garter (ADDRESS) 918 Brooklyn, Kansas

20. FILED May 20, 1937 M. M. Brown Registrar.

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) Chas. F. Clark, M. D. (Address) 223 Argyle Bldg.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

230
1
2
1

Algeria

No. 6999