

JUN 12 1937

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

Do not use this space.

19097

1. PLACE OF DEATH

County Gaillon  
Township Osage  
City Kansas City (No. K C Gen Hosp)

Registration District No. 399  
Primary Registration District No. 1002

File No. 2061  
Registered No. 2061  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 1204 Washington West  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-18, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 5-12, 1937 to 5-18, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30 1899

I last saw him alive on 5-18, 1937 Death is said

7. AGE YEARS 37 MONTHS 4 DAYS 18 IF LESS than 1 day, ..... hrs. or ..... min.

to have occurred on the date stated above, at 4:45 p. m.  
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. Cook

Subar Pneumonia  
Date of onset 10/8

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 \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

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

13. NAME Henny Parker

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

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

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

15. MAIDEN NAME Unknown

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1937

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

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

17. INFORMANT Record Clerk  
(ADDRESS) K. C. General Hosp.

Manner of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 5-21-37, 1937

Nature of injury \_\_\_\_\_

19. UNDERTAKER QUIRK AND TOBIN COMPANY  
(ADDRESS) 20 W. Linwood

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

20. FILED May 20 37 M. M. Brown  
Registrar.

If so, specify \_\_\_\_\_ (Signed) D. J. De Maria, M. D.

(Address) Sub K C Gen Hosp

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

SECRET