

SEP 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township 7 East
City Kansas City (No. 2518)

Registration District No. 399
Primary Registration District No. 1002
City Cleveland

File No. 29741
Registered No. 2525
St. 2525 (Ward)

2. FULL NAME

(a) Residence, No. 2518 Cleveland 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 <u>Male</u>	4. COLOR OR RACE <u>Wh.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jessie Tisdale</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct-10-1860</u>				
7. AGE	YEARS <u>76</u>	MONTHS <u>10</u>	DAYS <u>12</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>Police Dept</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 <u>30</u>			
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Utica N. Y.</u>			
	13. NAME <u>Clinton D. Tisdale</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Calif</u>			
	15. MAIDEN NAME <u>unknown</u>			
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>			
	17. INFORMANT <u>Mrs Ralph Reed</u> (ADDRESS) <u>2518 Cleveland</u>			
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial PK</u> DATE <u>Aug. 16. 1937</u>			
19. UNDERTAKER <u>Cey Law Funeral Home</u> (ADDRESS) <u>75 E. 2nd</u>				
20. FILED <u>Aug. 13. 1937</u> <u>M. M. Crowe, asst.</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1935, to Aug 11, 1937.
I last saw him alive on Aug 11, 1937. Death is said to have occurred on the date stated above, at 7:25 a.m.

The principal cause of death and related causes of importance were as follows:
Hypostatic Bronchial Pneumonia
Myocardial Decompensation

Other contributory causes of importance:
Cerebral Hemorrhage
Cardio-Vascular - Renal Disease

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical Sign 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? No
If so, specify _____
(Signed) John M. Powers, M. D.
(Address) 3322 1/2 E 27th St.

Date of onset	<u>8/10/37</u>
	<u>8/10/37</u>
	<u>1935</u>

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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Handwritten text, possibly a signature or name, written vertically along the right edge of the page.