SEP 24 1937

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

Do not use this space.

File No. 30865

Registered No. 288

1. PLACE OF DEATH
County Jackson
Township
City Independence (No. ..., ... St. ..... Ward)

Registration District No. 398
Primary Registration District No. 3019

2. FULL NAME Charles S. Surby
(a) Residence, No. 115 West Farmer St. St., ... 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17- 1872

7. AGE: YEARS 65 | MONTHS 4 | DAYS 17- | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman
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) Unknown

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Bessie Surby
(ADDRESS) 115 W. Farmer

18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodlawn Cem. DATE Sept. 6 1937

19. UNDERTAKER Cato & Speaks Funeral Home
(ADDRESS) Independence, Missouri.

20. FILED 9-10-1937 F. L. Cook
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4 1936, to Sept 3 1937
I last saw him alive on Sept 3 1937. Death is said to have occurred on the date stated above, at 1:35 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the throat (left tonsillar region)	Unknown

Other contributory causes of importance: X

Name of operation None Date of —
What test confirmed diagnosis? Biopsy 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) Thos. E. Symons, M. D.
(Address) Independence, 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.

MAY 21 1948