JAN 17 1938

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

Do not use this space.

44036

File No.

Registered No. 4939

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City, Mo. (No. St. Marys Hospital St. Ward)
Registration District No. 399 2
Primary Registration District No. 102

2. FULL NAME Thadeus T. Solander
(a) Residence, No. 520 12th St Osawatomie, Kans 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. 2 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 Patricia Solander

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 14 1886

7. AGE: YEARS 51 MONTHS 8 DAYS 23 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R. R. Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mo.Pac. Ry.
10. Date deceased last worked at this occupation (month and year) Nov 30 1937
11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (CITY OR TOWN) Yuba (STATE OR COUNTRY) Calif

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

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

17. INFORMANT Patricia Solander (ADDRESS) Osawatomie Kans.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Osawatomie, Kans DATE Dec 9th 37

19. UNDERTAKER L. Kerby Son (ADDRESS) Osawatomie Ks.

20. FILED Dec 8 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1937, to Dec 7, 1937
I last saw h— alive on Dec. 6, 1937. Death is said to have occurred on the date stated above, at 4:40 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Dec 1-37
116	
108	

Other contributory causes of importance:

Name of operation — None — Date of
What test confirmed diagnosis? Clinical finding 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) J. E. Castles, M. D.
(Address) 1002 Argyle Bldg Kansas City

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.

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

50 10-22-36 I X9314

Copper Bldg
2 o'clock

OCT 29 1957