

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

Do not use this space.

JAN 17 1938

44208

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399

Primary Registration District No. 1007

File No.

Registered No. 5111

St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward. Austria Mo.
(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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1884-12-7

7. AGE YEARS 53 MONTHS - DAYS 12 If LESS than 1 day, hrs. or min.

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

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

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

13. NAME Erastus H. Gold

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ely, Kansas

15. MAIDEN NAME Rosie Overt

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

17. INFORMANT Mrs. Rosie Gold (ADDRESS) Harrisonville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Free Cem. DATE Dec 27

19. UNDERTAKER Attentans Burial Home (ADDRESS) Harrisonville Mo.

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

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1937, to Dec 19, 1937

I last saw him alive on Dec 19, 1937. Death is said to have occurred on the date stated above, at 5 a m.

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

Cerebral Hemorrhage
Hypertension

Name of operation Autopsy Date of Dec 27

What test confirmed Autopsy Was there an autopsy? Yes

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) Geo. A. Newberry M. D.

(Address) 618 Professional Bldg

H. C. 1940.

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.

