

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

Do not use this space.

REC'D MAR 14 1938

1. PLACE OF DEATH

County Jackson
Township Kan. City
City Kan. City (No. 1529-Prospect)

Registration District No. 399
Primary Registration District No. 1002

File No. 5586
Registered No. 632
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1529-Prospect Ward. 115
(Usual place of abode)

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. (If nonresident, give city or town and State)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 19-1884

7. AGE YEARS 53 MONTHS 11 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

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

Labor.

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)

Indiana

13. NAME

Wm Springer

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

Minden

15. MAIDEN NAME

Mary Crosby

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

Ind.

17. INFORMANT (ADDRESS)

Mrs Alice Holstein

18. BURIAL, CREMATION, OR REMOVAL

PLACE Flood Hill DATE 2/8/38

19. UNDERTAKER (ADDRESS)

Deussen Funeral Home

20. FILED

1938 M. M. Cronin

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6 38

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 1:30 m.

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

Chronic sclerosis
Chronic bronchitis
Emphysema
of the

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis _____ Was there an autopsy _____

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 continuing in any way related to occupation of deceased? _____

If so, specify _____ (Signed) W. H. H. H. _____, M. D.

(Address) _____

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 Van. Sandy

Eyes Grey.

5 feet 6

200 lbs.

Complexion med.