

REC'D JUL 10 1939

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

Do not use this space.

21186

1. PLACE OF DEATH

County

Township

City

2. FULL NAME

(a) Residence, No.
(Usual place of abode)

Length of residence in city or town where death occurred

Registration District No.

Primary Registration District No.

(No.)

St. Ward.

How long in U. S., if of foreign birth?

File No.

Registered No.

St. Ward)

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 Dollie Freeman | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-21-1881 | | |
| 7. AGE YEARS 57 | MONTHS 5 | DAYS 25 |
| If LESS than 1 day, hrs. or min. | | |

| | |
|---|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as splaner, 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) Lathrop Mo. | |

| | |
|--------|---|
| MOTHER | 13. NAME John Freeman |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana |
| | 15. MAIDEN NAME Aretta Klum |
| FATHER | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana |

| |
|---|
| 17. INFORMANT (ADDRESS) Mrs. Dollie Freeman De Soto Kas. |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE Olathe Kas. DATE June 16 39 |
| 19. UNDERTAKER (ADDRESS) H. E. Julien Olathe Kas. |
| 20. FILED June 16 1939 M. M. Crowe Registrar. |

MEDICAL CERTIFICATE OF DEATH

| |
|---|
| 21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16 1939 |
| 22. I HEREBY CERTIFY That I attended deceased from June 2 1939 to June 16 1939 I last saw h. in alive on June 15 1939. Death is said to have occurred on the date stated above, at 12 42 a.m. |

The principal cause of death and related causes of importance were as follows:
Carcinoma of ampulla of Vater
Jaundice
Date of onset April 1939

Other contributory causes of importance
Postoperative hernia 1935

| | |
|---|-----------------------------|
| Name of operation Cholecystectomy | Date of operation 6-5-39 |
| What test confirmed diagnosis? Operation | 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) Maurice A. Walker, M. D.
(Address) 430 Broadway Bldg
Kansas City Kas.

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.

