

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

Do not use this space.

21590

755

1. PLACE OF DEATH 3  
 County Buchanan Registration District No. 85  
 Township 1 Primary Registration District No. 1001  
 City St. Joseph (No. State Hospital #) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME William Page, Jr. (2219 E. 21st)  
 (a) Residence, No. 2219 E. 21st St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) Kansas City, Mo.  
 (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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eva Page  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19, 1888  
 7. AGE YEARS 51 MONTHS 1 DAYS 10 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur  
 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) Missouri  
 FATHER 13. NAME William Page, Sr.  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 MOTHER 15. MAIDEN NAME Not known  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known  
 17. INFORMANT (ADDRESS) Boa Garrett Page, 2219 East 21st St., Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Regland Cemetery DATE June 23, 1939  
 19. UNDERTAKER (ADDRESS) W. J. Appleby & Sons, Inc., 1905 Pine St., Mo.  
 20. FILED June 23, 1939 H. J. Kestibach Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1939  
 22. I HEREBY CERTIFY that I attended deceased from Nov 15, 1938 to June 19, 1939  
 I last saw him alive on June 19, 1939 Death is said to have occurred on the date stated above, at 2:05 pm.  
 The principal cause of death and related causes of importance were as follows:  
General Paralysis of Insane - Syphilitic  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: \_\_\_\_\_  
 Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis clinical 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) D. P. Johnson M. D.  
 (Address) St. Joseph Hospital #2

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.

