

MAY 6 1935

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

Do not use this space.

13133

1. PLACE OF DEATH

County Jackson  
Township Wain  
City Kansas City (No. Reserch Hospital)

Registration District No. 398  
Primary Registration District No. 10005

File No. \_\_\_\_\_  
Registered No. 10005  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Loren S. Waite

(a) Residence, No. 2833 Oak St Terr. St. \_\_\_\_\_ 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. 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 Mrs Thelma Waite

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5, 1904

7. AGE YEARS 31 MONTHS 0 DAYS 22 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico Missouri

13. NAME Guy L Waite

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

15. MAIDEN NAME Jenne Hocker

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

17. INFORMANT Wife 3833 Oak St Terr. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Moriah Cem. DATE 4-30-35  
Melody McGilley

19. UNDERTAKER (ADDRESS) H. O.

20. FILED 4-30-35 M M Crowe, cash Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/27/35

22. I HEREBY CERTIFY, That I attended deceased from 4/22/35 to 4/27/35  
I last saw him alive on 4/27/35 Death is said to have occurred on the date stated above, at 12:15 Am  
The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Myocarditis  
042  
Other contributory causes of importance:  
Acute Arteriosclerosis

Name of operation Exploratory Laparotomy Date of 4/23/35  
What test confirmed diagnosis Clinical & X-ray Where an autopsy? yes

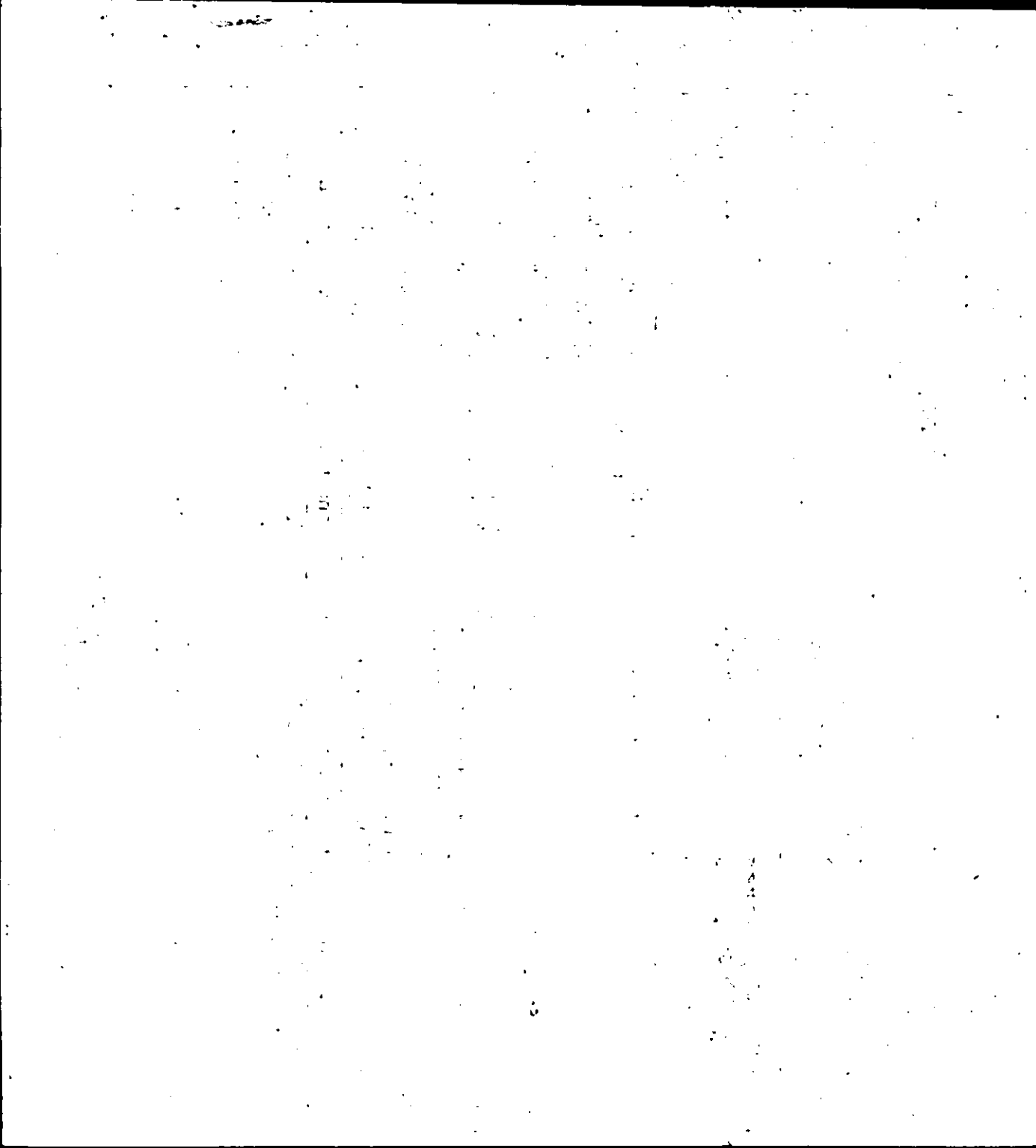
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. no  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_

(Signed) Edw. B. Green, M. D.  
(Address) 1010 Prof. Bldg

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 25 1935

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

## 1. PLACE OF DEATH

County..... Registration District No..... File No.....  
Township..... Primary Registration District No..... Registered No. 1835  
City..... (No. *Research Hospital*) St. .... Ward)

## 2. FULL NAME

(a) Residence, No. .... St. .... 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX *m* 4. COLOR OR RACE *wh* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*  
(write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4-27-1935*

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

22. I HEREBY CERTIFY, That I attended deceased from

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

....., 19....., to....., 19.....

7. AGE YEARS MONTHS DAYS If LESS than 1 day, *hrs. & min.*

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

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

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

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

*Myocardial infarction* Date of onset

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

*(acute to infarction of myocardium - further not identified)*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Other contributory causes of importance:

*Acute Myocardia*

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

13. NAME

*Operation* Date of *7/23/35*

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

What test confirmed diagnosis? *stab etc.* Was there an autopsy? *yes*

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? *yes* Date of injury *4-27-1935*

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

Where did injury occur? *at home* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS)

*Operation done on tentative diagnosis*

Nature of injury *coronary artery atherosclerosis*

18. BURIAL, CREMATION, OR REMOVAL

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

19. UNDERTAKER (ADDRESS)

(Signed) *Edw. J. Keller*, M. D.

20. FILED *4/30* 19 *35* *M. M. Kerowe used* Registrar.

(Address).....

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENTARY

SEP 17 1965

S-13133

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