

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.

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

Do not use this space.

APR 8 1937

9495

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
 Township Raw Primary Registration District No. 1002 Registered No. _____
 City Kansas City, Mo. (No. St. Lukes Hospital St. _____ Ward)

2. FULL NAME

(a) Residence, No. Richmond, Mo. 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) Edna Wollard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16-1883

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
53 7 23

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

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) Ray Co. Mo.

13. NAME Samuel A. Wollard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. Mo.

15. MAIDEN NAME Edna E. Young

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. Mo.

17. INFORMANT Edna E. Wollard

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope Cem. DATE 3-11-37

19. UNDERTAKER (ADDRESS) W. W. Mausser

20. FILED Richmond Mo. Feb 9 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 25 1937, to March 9 1937

I last saw him alive on March 9 1937. Death is said to have occurred on the date stated above, at 3:30 P.M.

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

Adenocarcinoma of the sigmoid & metastasis to liver. Date of onset HO

Other contributory causes of importance: Intestinal obstructions

Name of operation Laparotomy Date of 2-25-37

What test confirmed diagnosis? Biopsy 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 or injury in any way related to occupation of deceased? _____

If so, specify (Signed) F. J. Wilson M. D.

(Address) Kansas City, Mo

(By Ch. Smith M.D.)

