

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.

MAR 24 1936

10650

1. PLACE OF DEATH

County Jackson
Township Haver
City Kansas City (No. St. Joseph Hwy)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 1317
St. _____ Ward

2. FULL NAME

Louis C. Palmer
(a) Residence, No. Blattsburg, Mo. Ward. _____
(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 ♂ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 23 - 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 10 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Teacher
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) Liberty, Mo.

13. NAME Charles G. Palmer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Versailles, Mo.

15. MAIDEN NAME Susan Cooke

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stamford, Kentucky

17. INFORMANT (ADDRESS) Mrs. P. E. Neal, 4220 Fairlane, K.C., Mo.

18. BURIAL, CREMATION, OR REMOVAL Kansas Mo. DATE 3/04

19. UNDERTAKER (ADDRESS) John Ward, Kansas Mo.

20. FILED Mar 11, 1936 M. M. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/11, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 4th, 1936 to March 11th, 1936
I last saw her alive on March 11th, 1936. Death is said to have occurred on the date stated above, at 11 P.M.

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

Chronic Myocarditis
General arteriosclerosis
92

Other contributory causes of importance:
Senility

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there 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. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify Lyle White M. D.
(Signed) Lyle White
(Address) Krygus Bldg.

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