

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

Do not use this space.

Jan 15 1937

44970

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Kaw

Primary Registration District No. 1002

City Kansas City

(No. 4009 Morrell)

File No. 44970

Registered No. 1553

2. FULL NAME

Lorenzo B. Deagle

(a) Residence, No. 4009 Morrell 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 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 Eveleen Deagle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 5 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R etired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Amer. Railway Exp/
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 8 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York City New York

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. F. H. Cherry 4009 Morrell

18. BURIAL, CREMATION, OR REMOVAL PLACE ELMWOOD DATE Dec. 28th 1936

19. UNDERTAKER (ADDRESS) D. W. Newcomer's Sons Broncreek & Paseo

20. FILED 12-26 1936 M. M. Crowe Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 24 1936 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/30, 1936, to 12/24, 1936. I last saw him alive on Dec 24, 1936. Death is said to have occurred on the date stated above, at 9:00pm. The principal cause of death and related causes of importance were as follows:

Date of onset 1935
Mitral Insufficiency
 Other contributory causes of importance: Atherosclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? _____
 If so, specify _____
 (Signed) R. A. Williams, M. D.
 (Address) 5-400 St. John Ave