KANSAS STATE BOARD OF HEALTH
Division of Vital Statistics

CERTIFICATE OF DEATH

NOV 6 - 1952

DO NOT WRITE IN THIS SPACE: 52 016084

Birth No. 4 2 1 -1 CITY

Registrar's No. 2056

1. PLACE OF DEATH
a. County: Sedgwick
b. City (If outside corporate limits, write RURAL and give township) or Town: Wichita
c. Length of Stay (in this place): 11 yrs.
d. Full Name of Hospital or Institution (If not in hospital or institution, give street address or location): St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. State: Kansas
b. County: Sedgwick
c. City (If outside corporate limits, write RURAL and give township) or Town: Wichita
d. Street Address (If rural, give location): 924 Nims

3. NAME OF DECEASED (Type or Print): a. (First) Thomas b. (Middle) Samuel c. (Last) Angley

4. Date of Death (Month) (Day) (Year): 10/26/52

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10/2/04

9. AGE (In years last birthday): 48
If under 1 yr. Months / Days
If under 24 hrs. Hours / Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Sporting Goods.

11. BIRTHPLACE (State or foreign country): Baltimore, Marylend

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13. FATHER'S NAME: Thomas Angley

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY No.: 163-05-9004

17. INFORMANT: Mrs. Eloise Angley (Wife)

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Broches — Interval between onset and death: 2da

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chr Myocarditis — 8 yrs
DUE TO (c) Renal insufficiency — 4 mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY: Yes ☐ No ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED while at work ☐ not while at work ☐

21f. HOW DID INJURY OCCUR*

22. I hereby certify that I attended the deceased from [illegible] 1946 to Oct 1952 that I last saw the deceased alive on 10-25- 1952, and that death occurred at 1:30 A m., from the causes and on the date stated above.

23a. SIGNATURE: Clyde W Bullen (Degree or title): M D

23b. ADDRESS: Wichita Kan

23c. Date signed: 10-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/28/52

24c. NAME OF CEMETERY OR CREMATORY: Wichita Park

24d. LOCATION (City, town, or county) (State): Wichita, Kansas

DATE REC'D BY LOCAL REG.: 10/28/52

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR ADDRESS: Downing Mortuary, Wichita, Kansas.