

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

Do not use this space.

13536

1. PLACE OF DEATH

399

County Jackson
Township Kaw
City Kansas City

Registration District No. 1002
Primary Registration District No. 1002

File No. _____
Registered No. 1870
St. _____ Ward _____

2. FULL NAME

John B. Terry

(a) Residence, No. 8 E. 54th Terrace, Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 25 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 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 Norman Terry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1-1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>53</u>	<u>5</u>	<u>26</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Caddo river lumbering
10. Date deceased last worked at this occupation (month and year) April 1933 11. Total time (years) spent in this occupation 15

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

FATHER 13. NAME Simon B. Terry

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

MOTHER 15. MAIDEN NAME Harriet Tremain

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

17. INFORMANT (ADDRESS) Mrs Norman Terry 8 E 54 Terrace

18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL DATE April 29-1933

19. UNDERTAKER (ADDRESS) D. W. Newcomer's Sons 2111 E. 9th St. - K.C. Mo.

20. FILED 4-28-1933 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 27, 1933, to Apr 27, 1933

I last saw him alive on Apr 27, 1933. Death is said to have occurred on the date stated above, at 12:15 P.M.

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

acute cardiac failure
pulmonary edema
coronary sclerosis
diffuse myocardial fibrosis

Other contributory causes of importance: _____
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 _____
(Signed) Z. B. Miller, M. D.
(Address) 1032 Professional