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

Do not use this space.

4729

File No. .....

Registered No. 5633

1. PLACE OF DEATH

County Jackson. Registration District No. 3902

Township Kansas. Primary Registration District No. .....

City Kansas City, Mo. (No. Old City Hosp St. ..... Ward)

2. FULL NAME Nicolstein Jacuer.

(a) Residence. No. 823 E. 10th 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.

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.

THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: French.

4. COLOR OR RACE: Colored.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown

7. AGE: Years 60 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Dumpster

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

PARENTS

10. NAME OF FATHER: "

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): "

12. MAIDEN NAME OF MOTHER: "

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): "

14. INFORMANT: Mrs M. Hubbard
(Address) 1401 Garfield

15. FILED 2/5, 1927. M. M. Crane asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 2-1-1927

17. I HEREBY CERTIFY, That I attended deceased from 12-14-, 1926, to 2-1-, 1927, that I last saw him alive on 2-1-, 1927, and that death occurred, on the date stated above, at 12:10 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hypostatic Lobar Pneumonia.
10 d
11 d
Lung quite Tr. (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) French Dumpster
Lung (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Unk.

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

2/ 2, 1927 (Signed) H. W. Smith, M. D
(Address) Old City Hosp. Kans. City, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Blue Ridge Lawn | DATE OF BURIAL: 2/5 1927

20. UNDERTAKER: Baker & Flynn | ADDRESS: 1819 E 15

JAN 15 1951