

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

Do not use this space.

8347

**1. PLACE OF DEATH**

County Jackson  
Township Kann  
City Kansas City Mo.

Registration District No. 300  
Primary Registration District No. 10  
(No. 9mg Hotel 9th Street Ave)

File No. \_\_\_\_\_  
Registered No. 1201  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

James S. George  
(a) Residence. No. 9mg Hotel, 9th Street, K-L-M, 2 Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**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 Mary V. George

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 25 - 1854

7. AGE YEARS 72 MONTHS 7 DAYS 24 IF LESS than 1 day, hrs. or min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Investments  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Stewart County Mo  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER William George  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Sarah George  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

14. INFORMANT Mary V. George  
(Address) 9mg Hotel, 9th Street, K-L-M

15. FILED 3/22 27 M.M. Craine  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 21 1927

17. I HEREBY CERTIFY, That I attended deceased from Mar 14 to Mar 21, 1927 that I last saw him alive on Mar 20, 1927, and that death occurred, on the date stated above, at 5:00 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Myocardial Infarct  
98D  
71  
90B  
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterio. Sclerosis  
(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH? NO DATE OF.....  
WAS THERE AN AUTOPSY? NO  
WHAT TEST CONFIRMED DIAGNOSIS? Observation  
(Signed) Franklin E. Murphy, M.D.  
Mar 21, 1927 (Address) 1908 West Main St

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Boberly Mo DATE OF BURIAL March 22 - 1927

20. UNDERTAKER John W Wagner ADDRESS 1409 Grand Ave

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.

DEPARTMENT RECORD

Mr. George Jones

9th - Trust Ave

My Hotel