

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

Do not use this space.

11658

**1. PLACE OF DEATH**

County Jackson Registration District No. 399

Township Paul Primary Registration District No. 1802

City Kansas City (No. 3909) 610

File No. ....

Registered No. 150

St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 3909610 St. .... Ward. ....

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. .... mos. .... da. How long in U.S., if of foreign birth? yrs. .... mos. .... da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 28, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min. 62 8

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. Farmer at (b) General nature of industry, business, or establishment in which employed (or employer). Abernathy (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tex

10. NAME OF FATHER No record

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 Myron E Hill (Address) 3440 Huntington

FILED 4/6/27 11:20 AM M. M. Crowe REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/6 1927

17. I HEREBY CERTIFY, That I attended deceased from April 2, 1927, to April 6, 1927 (that I last saw him alive on April 6, 1927, and that death occurred, on the date stated above, at 10:15 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cirrhosis of the Liver  
122 Bl  
CONTRIBUTORY (SECONDARY) (duration) yrs. .... da.

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

19. DID AN OPERATION PRECEDE DEATH? DATE OF ... WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Chas McDonald, M.D 4/6, 1927 (Address) 1135 Pine St Day

\*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 DATE OF BURIAL Chinwood Cem 4 18 1927

20. UNDERTAKER ADDRESS Mrs. C. L. Lawter Cery

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.

1135 Kiallo.