

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

Do not use this space.

18968d

File No. 1236
Registered No. 90
St. _____ Ward _____

1. PLACE OF DEATH

County Vernon
Township Neosho
City Neosho

Registration District No. 875
Primary Registration District No. 3039

2. FULL NAME

(a) Residence No. 1106 S Cedar St. 4 Ward _____

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 8 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 D.H.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec-7-1849

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>82</u>	<u>4</u>	<u>17</u>		

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

9. BIRTHPLACE (CITY OR TOWN) D.H.
(STATE OR COUNTRY) Kansas

10. NAME OF FATHER not known
11. BIRTHPLACE OF FATHER (CITY OR TOWN) D.H.
(STATE OR COUNTRY) not known
12. MAIDEN NAME OF MOTHER not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) D.H.
(STATE OR COUNTRY) not known

14. INFORMANT E. V. Kumpach
(Address) Kansas City Mo

15. FILED 5/20/27 E. B. Allison
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 24 1927

17. I HEREBY CERTIFY, That I attended deceased from March 24 1927 to April 24 1927, and that I last saw him alive on April 23 1927, and that death occurred, on the date stated above, at 12:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
chronic interstitial nephritis
131 1290
45B (duration) _____ yrs. _____ mos. _____ da.
CONTRIBUTORY dilatation of heart
(SECONDARY) unknown (duration) _____ yrs. _____ mos. _____ da.

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

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

WHAT TEST CONFIRMED DIAGNOSIS? Heller's test
masson (Signed) E. A. Dublin, M. D.

(Address) Neosho 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 Deerwood Cemetery DATE OF BURIAL 4/26 1927

20. UNDERTAKER Tony Funeral Home ADDRESS Neosho Mo

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.

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