

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

Do not use this space.

15009

1. PLACE OF DEATH

County Jackson
Township Kan
City Kansas City

Registration District No. 399

Primary Registration District No. 1092

File No. _____
Registered No. 1310
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward. Atchison, Kas.
(Usual place of abode)

Length of residence in city or town where death occurred - yrs. 5 mos. - da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 4, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 63 6 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Music Teacher
(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) Kansas

10. NAME OF FATHER Lorenz D. Bird

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

12. MAIDEN NAME OF MOTHER Annis S. Bird

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

14. INFORMANT A. J. Smith
(Address) 943 W. 3rd Ave

15. May 8, 1927 M. M. Crowe
REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 7, 1927

17. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1927, to May 7, 1927, that I last saw h. a. n. alive on May 7, 1927, and that death occurred, on the date stated above, at 6 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial Degeneration,
arteriosclerosis

CONTRIBUTORY (SECONDARY)

90B

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. Atchison, Kas

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam and Electrocardiogram
(Signed) Ronald Davis M. D.

5/8, 1927 (Address) 937 Rialto Bldg

*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

Atchison, Kas. DATE OF BURIAL May 8, 1927

20. UNDERTAKER

The Freeman Mortuary
5146 Main.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Dr. ~~Proctor~~ ~~Proctor~~

5510 Holmes.