

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

Do not use this space.

15219
2088

1. PLACE OF DEATH

County Jackson
Township Law
City Kansas City (No. 5632 Olive)

Registration District No. _____
Primary Registration District No. _____

File No. _____
Registered No. _____
St. 15 (Ward)

2. FULL NAME

Henry V. P. Kabrick

(a) Residence No. 5632 Olive St., 15 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 30 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) widowed

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

Frances F. Kabrick

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 15 - 1884

7. AGE YEARS 85 MONTHS 6 DAYS 5 IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Loudan County Virginia
(STATE OR COUNTRY)

10. NAME OF FATHER George Kabrick

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

12. MAIDEN NAME OF MOTHER Jane Morrison

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Loudon County Virginia
(STATE OR COUNTRY)

14. INFORMANT Theodore J. Pearson
(Address) 5632 Olive St.

15. FILED 5/21 1927 McMorrow
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 27 1927

17. I HEREBY CERTIFY, That I attended deceased from Phy. _____, 1927, to May 19 1927 that I last saw him alive on May 18 1927 and that death occurred, on the date stated above, at 8:58 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis, Chronic

CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. 3 mos. 6 ds.
(duration) yrs. 3 mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physiol

(Signed) J. F. Carr, M. D.

5700, 1927 (Address) 220 W-12-st.

*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

George W. Carr DATE OF BURIAL 5/28 1927

20. ADDRESS 220 W-12-st.

Robb Oak Grove No.

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.

RECORD

5632