

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

Do not use this space.

15397

**1. PLACE OF DEATH**

County Jackson Registration District No. 399

Township Raw Primary Registration District No. 1002

City Kansas City No. 2028 Askeu St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 2280

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 2028 Askeu St. 11 Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident give city or town and State)

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX

m.

4. COLOR OR RACE

col.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

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

July 1865

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

61

10

?

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Laborer.

(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)

Mississippi

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Jane With

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Miss

14.

INFORMANT

(Address)

Arnie Allen

2028 Askeu

15.

FILED

19

27

M. M. Brown  
Asst REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

5/31 1927

17. I HEREBY CERTIFY That I attended deceased from

April 10 1927, to May 31 1927  
that I last saw him alive on May 31 1927, and that death occurred, on the date stated above, at 1:00 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Aortic Insufficiency  
92A

130

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Nephritis (acute)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

900  
740  
Physician's Lab Exam  
W. H. Bruce

6-3-1927 (Address) 1518 E. 18th 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

DATE OF BURIAL

Blue Ridge Lawn

6/4 1927

20. UNDERTAKER

ADDRESS

Hatkins Bros

1729 Lyden

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.

Bruce.