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.

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

Do not use this space.

21600

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. [illegible]

Township Kansas — Primary Registration District No. 1002 — Registered No. 2440

City Kansas City (No. Kansas City Genl Hosp St. ..... Ward)

2. FULL NAME Jeffrey George

(a) Residence. No. Leeds St., 1st Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: Male
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) June 1855

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
72	1	24	

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) New York

PARENTS

10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) New York
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Record Clerk
(Address) K.C. Genl Hosp.

15. FILED 7/27, 1927 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-25 1927

17. I HEREBY CERTIFY, That I attended deceased from 7-13, 1927 to 7-25, 1927 that I last saw him alive on 7-25, 1927 and that death occurred, on the date stated above, at 2:15 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hypertrophy of Prostate
137
135C
135 (duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Acute retention of urine (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes. DATE OF 7-20-27
WAS THERE AN AUTOPSY? Oper. & Clin. Findings & autopsy
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) P. E. Williams, M. D
7-27, 1927 (Address) Supt K.C. Genl Hosp

*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: Leeds — DATE OF BURIAL: 7-28 1927

20. UNDERTAKER: O'Mast — ADDRESS: City