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

Do not use this space.

24496

1. PLACE OF DEATH
County Jackson — Registration District No. 8 C 8 — File No.
Township Kaw — Primary Registration District No. 3 9 9 — Registered No. 3224
City Kansas City (No. 2800 E 40th St. St. 15th Ward)

2. FULL NAME John Milton Surface
(a) Residence. No. 2800 E 40th St St., 15th Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 46 yrs. mos. 16 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

4

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: Fannie Surface

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 5-1847

7. AGE: Years 80 | Months 3 | Days 18 | If LESS than 1 day, ___ hrs. or ___ min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind.

PARENTS
10. NAME OF FATHER: William Surface
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Va
12. MAIDEN NAME OF MOTHER: Maria St John
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Va.

14. INFORMANT: J Hal Surface
(Address): 4003 Montgall

15. FILED 8/24 1927 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 23 1927

17. I HEREBY CERTIFY, That I attended deceased from March 4 1927, to Aug 23 1927 that I last saw him alive on Aug 23 1927, and that death occurred, on the date stated above, at 2 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis with acute dilatation
90B
Chronic Myocarditis (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Arterio-Sclerosis Cerebral Hemorrhage
2 years ago (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination
(Signed) N. C. Willits M. D
Aug 24 1927 (Address) 920 Argyle Bldg K Cty

*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: Forest Hill — DATE OF BURIAL: 8/27/ 1927

20. UNDERTAKER: The Freeman Mortuary — ADDRESS: 3146 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.

V. S. No. 2.

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Vic 1105