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

Do not use this space.

24549

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. ~~399~~ 1002 — File No.
City Kansas City (No. Mo. Ave and Main St. St. 1st Ward) — Registered No. 23228

2. FULL NAME Tom Criger
(a) Residence. No. Mo. Ave and Main St. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
male	white	don't know

5a. If Married, Widowed, or Divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (Month, Day and Year) don't know

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 60			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work don't know
(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) don't know

PARENTS
10. NAME OF FATHER don't know
11. BIRTHPLACE OF FATHER (City or Town)
(State or Country) don't know
12. MAIDEN NAME OF MOTHER don't know
13. BIRTHPLACE OF MOTHER (City or Town)
(State or Country) don't know

14. INFORMANT Elmer E. Freeman
(Address) 3146 Main St

15. FILED 8/30, 1927 M. M. Crowe
Registrar

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (Month, Day and Year) Aug 19 1927

17. Coroner
I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at ... m.

131 THE CAUSE OF DEATH* WAS AS FOLLOWS:
93c
Chronic interstitial Nephritis
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Chronic Myocarditis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1290
IF NOT AT PLACE OF DEATH
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) H. E. Moss, M. D.
8-19, 1927 (Address) Coroner

*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 Maple Hill Cemetery — DATE OF BURIAL 8/31/27 19

20. UNDERTAKER The Freeman Mortuary — ADDRESS 314 b Main

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.

THIS IS A PERMANENT RECORD