

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.

27365

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
 Township Starr Primary Registration District No. 1002 Registered No. 3
 City K. C. Mo. (No. 2937) Lockridge St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 2937 Lockridge 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 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) Sept 7, 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ___ hrs, or ___ min.
57 | 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Sales lady
 (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) Canada

10. NAME OF FATHER

Sandford M Park

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) N. Y.

12. MAIDEN NAME OF MOTHER

Sarah Mills

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Canada

14.

INFORMANT Miss Isabel Park
 (Address) 2937 Lockridge

15.

FILED 9/22, 1927 M. M. Brown
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 21, 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1927 to Sept 21, 1927 that I last saw him alive on Sept 20, 1927, and that death occurred, on the date stated above, at 8:55 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardio Renal Dropsy
9.5 B
 (duration) yrs. mos. da. _____
 CONTRIBUTORY Thrombosis of veins
 (SECONDARY) 9 leg ulcers
 (duration) 1 yrs. mos. da. _____

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Dropsy everywhere

(Signed) Edw. S. ... M. D.
9/22, 1927 (Address) 3032 Baker

*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

Elmwood DATE OF BURIAL Sept 23, 1927

20. UNDERTAKER

Mrs. C. L. Foster ADDRESS K. C. Mo.

307. Wick L.

Wick 0738

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