

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

Do not use this space.

30290

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. Blue River)

Registration District No. 399
Primary Registration District No. 1002

File No. 3795
Registered No. 3795
St. _____ Ward _____

2. FULL NAME Albert Stewart

(a) Residence No. 2828 Cherry St. _____ Ward _____

(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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maurine Stewart

6. DATE OF BIRTH (MONTH, DAY AND YEAR) APR 27 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
29 | 5 | 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Labourer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Tosson Court Co.

9. BIRTHPLACE (CITY OR TOWN); (STATE OR COUNTRY) mo.

10. NAME OF FATHER Thomas Stewart

11. BIRTHPLACE OF FATHER (CITY OR TOWN); (STATE OR COUNTRY) mo.

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN); (STATE OR COUNTRY) unknown

14. INFORMANT Maurine Stewart
(Address) 2828 Cherry

15. FILED 10/7 27 AM '27 W. M. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 27 1927

17. 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.

THE CAUSE OF DEATH WAS AS FOLLOWS

Accidental Drowning

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRIBUTED IF NOT AT PLACE OF DEATH? 183

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____ WAS THERE AN AUTOPSY? _____ WHAT TEST CONFIRMED DIAGNOSIS? Prof. J. C. ... (Signed) Deputy Coroner, M. D. Oct 3, 1927 (Address) Deputy 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 DATE OF BURIAL Highland Park Cemetery Oct 8 1927
20. UNDERTAKER ADDRESS J. A. Thirion 2512 Halsted

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.

PERMANENT RECORD

