

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

Do not use this space.

30317

1. PLACE OF DEATH

County Jackson
Township Kenn
City Kansas City (No. Research Ave)

Registration District No. 399
Primary Registration District No. 1002

File No. 3023
Registered No. 3
St. 3 Ward

2. FULL NAME

Charles Deffeback
(a) Residence. No. 2531 Overton Maywood
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 8 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nora Deffeback

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 18 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
53 | 11 | 20 | | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work clerk
(b) General nature of industry, business, or establishment in which employed (or employer) Hardware
(c) Name of employer Ohio

9. BIRTHPLACE (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

10. NAME OF FATHER Charles O Deffeback

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

12. MAIDEN NAME OF MOTHER Nora Foltz

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

14. INFORMANT Erwin R Deffeback
(Address) 2531 Overton Maywood

15. FILED 10/10 27 M.M. Browne
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 8 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 15 1927, to Oct 8 1927, and that I last saw him alive on Oct 7 1927, and that death occurred, on the date stated above, at 10 50 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral arteriosclerosis
82.D.
1979 - Lemphogis
99 (duration) yrs. 3 mos. ds.
CONTRIBUTORY (SECONDARY) Left Hemiplegia 8 days
Bronchitis (duration) yrs. mos. ds. 6

18. WHERE WAS DISEASE CONTRACTED 150W
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? autopsy
(Signed) L.S. DeLine, M.D.

62110, 1927 (Address) 1800 Fed Res Bk Bldg

*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 Memorial Park DATE OF BURIAL Oct 11 1927

20. UNDERTAKER John R Wagner 1409 Grand Ave ADDRESS

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.

1500 Fed Res Bk Bk-9-

Victor 4238