

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

Do not use this space.

30490

1. PLACE OF DEATH

County Jackson
Township Rau
City Kansas City

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 30490
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Richmond Mo. St. _____ 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE of <u>Mrs Elizabeth Carper</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 27 - 1849</u>		
7. AGE YEARS <u>77</u>	MONTHS <u>2</u>	DAYS <u>24</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Mine # No. 14 mile Richmond Mo.</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 21 1927
17. Coroner
I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, (duration) yrs. mos. da. and that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____, 7:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental - Fractures
Multiple injuries
201 M

CONTRIBUTORY (SECONDARY) In Coal mine, Ray County Mo (details) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 1860
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) H. H. Moore, M. D.
10-21, 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.

9. BIRTHPLACE (CITY OR TOWN) Philadelphia Penn. (STATE OR COUNTRY)
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown (STATE OR COUNTRY)

14. INFORMANT Clarence Carper (Address) Cedar Rapids, Iowa
15. FILED 10/24 1927 M. M. Croome REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt Washington DATE OF BURIAL Oct 24 1927
20. UNDERTAKER Elyar Funeral Home ADDRESS 1800 Linwood

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.

