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

Do not use this space.

1233

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399 — File No.:
Township: Raw — Primary Registration District No.: 1002 — Registered No.: 231
City: Kansas City (No. 117, West 67th St. Ward)

2. FULL NAME: Walter J. Makepeace

(a) Residence. No. 117 West 67 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Herma

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 29, 1888

7. AGE: Years 39 | Months 5 | Days 19 | If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Adv Mgr.
(b) General nature of industry, business, or establishment in which employed (or employer): Western Contractor
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Kansas City
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Unknown

14. INFORMANT: Mrs Herma Makepeace
(Address): 117 W. 67th St.

15. FILED: Jan 19, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 18 1928

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 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lung Tuberculosis
14 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 170
(duration) yrs. mos. ds.

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? Inspection

(Signed) H. E. Mann, M.D.
1-18, 1928 (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: Mt. Moriah — DATE OF BURIAL: Jan 20 1928

20. UNDERTAKER: D. M. Newcomer's — ADDRESS: Louis K.C. Mo.

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