

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

Do not use this space.

1240

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Frank Primary Registration District No. 1099  
 City Kansas City (No. Wesley Hospital)  
 St. Mo. Ward 1

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 3834 Garfield Ave. Ward. 1  
 (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. 3 How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 9 - 1883

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
45 8

**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) Pecks Dry Goods Co.  
 (c) Name of employer \_\_\_\_\_

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

10. NAME OF FATHER Edward Sloan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Sweden  
 (STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Alice Wells

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Va.  
 (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Mrs Alice Forgyten  
 (Address) 3834 Garfield Ave.

15. FILED 1/19 28 M.M. Corvane  
 REGISTRAR Corvane

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 17 19 28

17. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1928, to Jan 17, 1928  
 that I last saw h. alive on Jan 17, 1928, and that death occurred, on the date stated above, at 7:15-15 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Toxic Infection  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 14 ds.

CONTRIBUTORY (SECONDARY) Exhaustion & Strain  
resulting from toxic condition  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED 600  
 IF NOT AT PLACE OF DEATH. \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical  
 (Signed) F. C. ..., M. D.  
1/18, 1928 (Address) 406 Methuena

\*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 Chamwood Cemetery DATE OF BURIAL 1/19/28

20. UNDERTAKER The Freeman Mortuary ADDRESS 41 Baltimore

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.

2 to 5:30.