

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

Do not use this space.

4821

1. PLACE OF BIRTH

County Jackson Registration District No. 399
Township Raw Primary Registration District No. 1002
City Kansas City (No. 4523) Tracy St. _____ Ward _____

File No. _____
Registered No. 4821
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 4523 Tracy St., 15 Ward. (If nonresident give city or town and State)
Length of residence in city or town where death occurred 37 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Eva Lena Marks

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 27, 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 2 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work mgr.
(b) General nature of industry, business, or establishment in which employed (or employer) Southern Surety
(c) Name of employer

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

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs Eva Lena Marks
(Address) 4523 Tracy

15. FILED 7/2 28 M M Corbin REGISTRAR
Assn

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 1 1928

17. I HEREBY CERTIFY That I attended deceased from Feb 1 1928 to Feb 6 1928 that I last saw h. alive on Feb 5 1928, and that death occurred, on the date stated above, at 5:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
2. Cerebral hemorrhage
97
102 74 5/10
102 74 5/10
CONTRIBUTORY (SECONDARY) Microbacterium + High blood pressure
(duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS. Symptoms
(Signed) E. D. Traeger M. D.
714 chambers

*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 Forest Hill DATE OF BURIAL Feb. 3 1928

20. UNDERTAKER H H Newcomer's Sons & Co 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.

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W. ...

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