

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

Do not use this space.

4894

**1. PLACE OF DEATH**

County Jackson  
Township Raw  
City Kansas City (No. 105)

Registration District No. 399  
Primary Registration District No. 1007  
716 1/2 St Terrace

File No. \_\_\_\_\_  
Registered No. 549 (Ward)

**2. FULL NAME**

Charles Vinton Topping

(a) Residence. No. 105 7/6 1/2 Terrace St. Ward. \_\_\_\_\_  
(Usual place of abode)

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 Minnie R. Toppa

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 20. 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 | 3 | 16

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Board of Trade  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

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

10. NAME OF FATHER Elijah Topping

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 (Address) Mrs. Minnie R. Topping  
105 W 6 1/2 St. Terrace

15. FILED 77 1928 M. M. Lesowe REGISTRAR  
Asst

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 6 1928

17. I HEREBY CERTIFY That I attended deceased from Nov 1, 1927, to July 6, 1928  
that I last saw him alive on July 2, 1928, and that death occurred, on the date stated above, at 10:40 a.m.

18. THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pneumonia Chemia  
714 58 R

CONTRIBUTORY (SECONDARY) 7  
(duration) yrs. mos. ds.

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

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

20. WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) B. B. Conroy, M. D.  
77, 1928 (Address) Orayle 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 Baldwin Home DATE OF BURIAL Feb. 9 1928

20. UNDERTAKER H. H. Newcome's Sons ADDRESS 16. C. Mo.

K. 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.

PERMANENT RECORD

1002 Argyle

Vic 2444

1-8