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

Do not use this space.

4962

1. PLACE OF DEATH
County Kansas City — Registration District No. 399 — File No.
Township Kan — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. 2203 East 70th St St. Ward)

2. FULL NAME George Edward Greynolds
(a) Residence. No. 2203 East 70th Ward. (If nonresident give city or town and State)
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ✓
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 24-1891
7. AGE: Years 36 — Months 2 — Days 15 — If LESS than 1 day, ....hrs. or ....min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Et Employ
(b) General nature of industry, business, or establishment in which employed (or employer): Emery, Bird Thayer
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN): Kansas City
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Wm Greynold
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Dont Know
12. MAIDEN NAME OF MOTHER: Kathrin Curtin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.

14. INFORMANT: Mrs Evert
(Address) 721 Valentine Rd

15. FILED 2/12, 1928 M. M. Crowe (Asst REGISTRAR)

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 9 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 ....m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Acute dilatation of heart
92A
95B
(duration) ....yrs. ....mos. ....ds.
CONTRIBUTORY (SECONDARY): Chronic Endocarditis
(duration) ....yrs. ....mos. ....ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? NA
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Wm Starbaugh, M. D
2/10, 1928 (Address) Deputy 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 Calvary — DATE OF BURIAL: Feb 13 1928
20. UNDERTAKER: R. V. Lindsey & Sons — ADDRESS: City

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.