

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson

Registration District No. 309

File No. 1986

Township Flour

Primary Registration District No. 1002

Registered No. 646

City Kansas City (No. 5127)

Main

St.

Ward

**2. FULL NAME**

(a) Residence. No. 5127 Main St.,

Ward.

(If nonresident give city and State)

Length of residence in city or town where death occurred 14 yrs. mos.

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 Lebbie Yocum

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 26 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 62 11 16

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

9. BIRTHPLACE (CITY OR TOWN) Summerton (STATE OR COUNTRY) Ohio

10. NAME OF FATHER Q. Yocum

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Lebbie Yocum (Address) 5127 Main

15. FILED 2/13 1928 M.M. Comroe REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/2 1928

17. I HEREBY CERTIFY That I attended deceased from Jan 8 1928 to Feb 12 1928, and that I last saw him alive on Feb 8 1928, and that death occurred, on the date stated above, at 9:15 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS: Ruptured Aneurysm of arch aorta. (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Arterio sclerosis (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTACTED IF NOT AT PLACE OF DEATH? 9/10

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings (Signed) J.F. Kasper, M.D.

(Address) 1630 aryl bedg.

\*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 Paola, Mo. DATE OF Feb 1928

20. UNDERTAKER Mr. C. L. Foster ADDRESS City

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

2-5-28

... King  
Dr. King  
and wife  
6300 1/2 10:00 a.m.