

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

Do not use this space.

5067

1. PLACE OF DEATH

County Jackson Registration District No. _____

Township Kear Primary Registration District No. _____

City Kansas City No. 2911 Terrace

File No. _____
Registered No. 720
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 2911 Terrace St. 2 Ward. _____

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Fe

4. COLOR OR RACE

Col

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 25, 1898

| 7. AGE | YEARS | MONTHS | DAYS | LESS than 1 day, _____ hrs. or _____ min. |
|--------|-----------|----------|-----------|---|
| | <u>29</u> | <u>1</u> | <u>20</u> | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(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) Tennessee

10. NAME OF FATHER Wes Fisher

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

12. MAIDEN NAME OF MOTHER Millie

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

14. INFORMANT (Address) Ed Bartlett 2911 Terrace

15. FILE NO. 1-18-28 M M Crowe REGISTRAR act

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/15 1928

17. I HEREBY CERTIFY That I attended deceased from Feb 9, 1928 to Feb 15, 1928 that I last saw him alive on Feb 15, 1928 and that death occurred, on the date stated above, at 8:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

IB Influenza

CONTRIBUTORY (SECONDARY) IB

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: unknown

19. DID AN OPERATION PRECEDE DEATH? DATE OF no

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Findings

(Signed) J. J. Williams, M. D.

2/18, 1928 (Address) 7853 So. west Blvd. Kans.

*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 Lebanon, Tenn. **DATE OF BURIAL** 2/18, 1928

20. UNDERTAKER Watkins Bros **ADDRESS** 1729 Lydia

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.

