

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

Do not use this space.

5216

1. PLACE OF DEATH

County Jackson Registration District No. 399

Township Flour Primary Registration District No. 1002

City Kansas City (No. 3806 E 16) St. 18 (Ward)

File No. 878

Registered No. 878

2. FULL NAME

(a) Residence. No. 3806 E 16 St. 18 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 18 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) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 1 1909

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 18 | 2 | 25

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kansas City, Mo. (STATE OR COUNTRY)

10. NAME OF FATHER Charles Hill

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

12. MAIDEN NAME OF MOTHER Pearl Cole

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

14. INFORMANT Pearl Paul (Address) 3806 E 16

15. FILED 727.28 M.M. Lawrence REGISTRAR

21 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7 26 1928

17. I HEREBY CERTIFY, That I attended deceased from July 11, 1928, to July 26, 1928, that I last saw him alive on July 26, 1928, and that death occurred, on the date stated above, at 8:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

108
110 P. pneumonia
(duration) yrs. mos. da. 7

CONTRIBUTORY (SECONDARY) Pneumonia
(duration) yrs. mos. da. 10

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF BIRTH? 1011

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination
(Signed) Ch. H. Keeler, M. D.

727.28 (Address) 1011 Myrtle Ave K.C. Mo

*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 DATE OF BURIAL

Forest Hill Jul 29 1928

20. UNDERTAKER ADDRESS

Mrs. C.L. Foster City

RECORDING INSTRUMENTS 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.

