

**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. 399 File No. _____
 Township Raw Primary Registration District No. 1902 Registered No. _____
 City K.C. Mo. (No. 720 Prospect av) St. _____ Ward _____

2. FULL NAME Albert P. Hieronymus
 (a) Residence No. 720 Prospect av St. _____ 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. 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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb-11-1844

7. AGE: YEARS 87 MONTHS _____ DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

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

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

10. NAME OF FATHER Benz Hieronymus

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

12. MAIDEN NAME OF MOTHER Susan Grishby

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

14. INFORMANT (Address) Miss Carrie Hieronymus 720 Prospect av

15. FILES 3/8, 287 N. W. Conroe Ave REGISTRAR Beer

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1927, to March 4, 1928 that I last saw him alive on Mar 4, 1926 and that death occurred, on the date stated above, at 12:30 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Had paralytic stroke Dec 16 1927 Central hemorrhage

87.8 (duration) yrs. 2 mos. 15 ds.

CONTRIBUTORY (SECONDARY) 74 W (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? 6 K wiles (Signed) _____ M. D.
3/7, 1928 (Address) Kansas City 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 Liberty Mo. DATE OF BURIAL Feb 8 28

20. UNDERTAKER Mrs. C. L. Foster ADDRESS K.C. Mo.

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.

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