

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

Do not use this space.

8900

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. 1418 Hardesty)

File No. 1070
Registered No. 1070
St. Ward

2. FULL NAME Eber Deane Posey

(a) Residence. No. 1418 Hardesty, 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. da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male | White | Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 28 1927

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
2 | 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(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)

PARENTS

10. NAME OF FATHER E. A. Posey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Calio. Mo.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Louise Robert
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kansas City Mo.
(STATE OR COUNTRY)

14. INFORMANT E. A. Posey
(Address) 1418 Hardesty

15. FILED 3/9 28 M.M. Cronin
REGISTRAR Assn.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-8 1928

17. I HEREBY CERTIFY That I attended deceased from Mich 6 1928 to Mich 8 1928
that I last saw him alive on Mich 6 1928, and that death occurred, on the date stated above, at Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Labor Pneumonia
108
1010
(duration) yrs. mos. da. 3

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? no DATE OF no
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical types
(Signed) M. G. Hall, M. D.
3/9 1928 (Address) 737 Locky Blvd

*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 3 10 19
20. UNDERTAKER Paylor Funeral Home
ADDRESS 3133
Enchid

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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