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

Do not use this space.

8931

PLACE OF DEATH U.S.V.Hospital #67

County Jackson — Registration District No. 399 — File No. 3103

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City, Mo. (No. U.S. Veterans Hospital St. ..... Ward)

2. FULL NAME ESKERSON, John — Civil War Veteran

(a) Residence. No. 1118 Forest Ave. St., 2 Ward. Pvt. 116 Indiana Inf.

(Usual place of abode) Kansas City, Mo. (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 5, 1845

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	82	4	5	

8. OCCUPATION OF DECEASED

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

(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) Sweden

PARENTS

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Hospital Records (Address) K C Mo

15. FILED 3/12, 1928 M M Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 10 1928

17. I HEREBY CERTIFY, That I attended deceased from February 23, 1928, to March 10, 1928 that I last saw him alive on March 10, 1928, and that death occurred, on the date stated above, at 8:25 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Valvular Heart Disease.

92A 90A

1110 (duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Hypostatic Pneumonia

(duration) yrs. mos. ? ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Unknown

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Phys. Exam and Lab.

(Signed) W.E. Chambers M.D

W.E. CHAMBERS, Medical Officer in Charge

(Address) U.S.V.Hosp. Kansas City, Missouri.

*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 Fairbury Illinois — DATE OF BURIAL March 1928

20. UNDERTAKER O J Dehner Mort — ADDRESS City

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.