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

Do not use this space.

9105

File No.

Registered No. 1952

1. PLACE OF DEATH
County Jackson
Township East
City Kansas City (No. 4316 Wyandotte St. Ward)
Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME Lawrence Freeman Sr.
(a) Residence. No. 4316 Wyandotte St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 7 da. 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): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Malvina Freeman
6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 17 1845
7. AGE: Years 82 | Months 8 | Days 3 | If LESS than 1 day, ____ hrs. or ____ min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Grocer
(b) General nature of industry, business, or establishment in which employed (or employer): Ret. 25 years
(c) Name of employer: Self
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

PARENTS
10. NAME OF FATHER: Reuben Freeman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Va
12. MAIDEN NAME OF MOTHER: No Record
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): No Record

14. INFORMANT: Elliott Freeman
(Address): 4219 Terrace
15. FILED 3/22, 19 28 M. M. Browne Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 20 1928
17. I HEREBY CERTIFY, That I attended deceased from March 18, 1928, to March 20, 1928, that I last saw h. alive on March 20, 1928, and that death occurred, on the date stated above, at 11 50 A.M.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
1. Chronic Myocarditis
2.
3.
4.
CONTRIBUTORY (SECONDARY): Arteriosclerosis (duration) 1 yrs. mos. ds.
(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? Usual Tests
(Signed) Ward H. Lennard M. D
3/21, 1928 (Address) 9232 Summit,

*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: Union — DATE OF BURIAL: Mar 22 1928
20. UNDERTAKER: H. W. Gate — ADDRESS: K.C.K

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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