

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

Do not use this space.

9338

1. PLACE OF DEATH

County Jackson
Township Prarie
City..... (No..... Ward)

Registration District No. 400 F
Primary Registration District No. 5553B

File No.....
Registered No. 38
.....St.....Ward)

2. FULL NAME

Joe Kagee
(a) Residence. No. Jackson Co. Home Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. 4 mos. 13 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) about 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 61 Not known

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9. BIRTHPLACE (CITY OR TOWN) Liberty
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER W. R. Kagee
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Louisa Kitchner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Kentucky

14. INFORMANT J. M. Hoeltter
Jackson Co. Home

15. Mar 23 28 J. M. Schick
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-22-1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 15th, 1928, to March 22, 1928, that I last saw him alive on March 22, 1928, and that death occurred, on the date stated above, at 9:50 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myo Carditis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH..... DATE OF

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) J. W. Geary M.D.
, 19 (Address) Independence Mo

*State the DISEASE CAUSING DEATH, or its 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 Pleasant Hill Cem. DATE OF BURIAL Mar 23 1928

20. JURBERTAKER J. DEHNER MORTUARY ADDRESS K. Co. 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.

25 1928

1905
105
288

D. B. Buntline

MAY 25 1950

