

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

Do not use this space.

9348

1. PLACE OF DEATH

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

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

File No.
Registered No. 319

2. FULL NAME

(a) Residence No. Jackson County Home 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. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

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

17. I HEREBY CERTIFY That I attended from Felby 2 1928, to March 8 1928 that I last saw alive on March 6 1928, and that death occurred, on the date stated above, at 4 o'clock P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 1855

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. About 73 | 50 | 50 | 0

Chronic Syphilis
34 (duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY) 58 (duration) yrs. mos. da.

8. OCCUPATION OF DECEASED

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

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

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

10. NAME OF FATHER Unknown

WAS THERE AN AUTOPSY?.....

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

WHAT TEST CONFIRMED DIAGNOSIS.....

12. MAIDEN NAME OF MOTHER Unknown

(Signed) J. W. Green (Address) Independence Mo

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

*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.

14. INFORMANT (Address) J. W. Hosteller
Little Blue Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Irishville College of Surgery DATE OF BURIAL Mar 11 1928

15. FILED 8 28 1928 F. M. Schick REGISTRAR

20. UNDERTAKER Mo State Anatomical Board

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.

1928

