

APR 28 1928

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

Do not use this space.

12580

## 1. PLACE OF DEATH

County Pass Registration District No. 134Township Deer Primary Registration District No. 41088City Garden City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_ 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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles West6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 21, 1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>37</u>	<u>8</u>	<u>14</u>	

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Mo,  
(STATE OR COUNTRY)10. NAME OF FATHER Len B, Deatley11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky,  
(STATE OR COUNTRY)12. MAIDEN NAME OF MOTHER Bettie Feedback13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ky,  
(STATE OR COUNTRY)14. INFORMANT Chas West,  
(Address) arden Cit y15. PH-5-28 J. E. Ellis  
File No. \_\_\_\_\_, 19\_\_\_\_ REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) April 4 192817. I HEREBY CERTIFY, That I attended deceased from March 23 1928 to April 4 1928 that I last saw him alive on April 4 1928 and that death occurred, on the date stated above, at 11:45 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Bronchitis Pneumonia  
11A  
107A (duration) yrs. mos. 5 da.CONTRIBUTORY (SECONDARY) Cholera  
(duration) yrs. mos. 12 da.18. WHERE WAS DISEASE CONTRACTED at home  
IF NOT AT PLACE OF DEATH \_\_\_\_\_DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_WAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DISEASE? clinical physical findings  
(Signed) George Washington Duffin  
, 19 April (Address) Garden City Mo

\*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 Garden City Cemetery DATE OF BURIAL April 8 192820. UNDERTAKER J. H. Kauffman ADDRESS Garden City 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.

