

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

Do not use this space.

13235

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Blaw Primary Registration District No. 1002
 Precinct Missouri City (No. 2635)

File No. _____
 Registered No. 1555
 St. _____ Ward _____

2. FULL NAME

Querton Person
 (a) Residence No. 2635 Agnes 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M **4. COLOR OR RACE** wh **5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)** Married

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

Jennie Person

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 5 1867

7. AGE YEARS MONTHS DAYS 61 1
 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cabinet maker
 (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) Ky

10. NAME OF FATHER

Thos Person

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Ky

12. MAIDEN NAME OF MOTHER

no record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) no record

14.

INFORMANT Jennie Person
 (Address) 2635 Agnes

15.

FILED 4/6 5 PM '28 M. M. Brown REGISTRAR
Agnes

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/5 19 28

17. I HEREBY CERTIFY, That I attended deceased from 30 March, 1928, to 3rd April 1928 that I last saw him alive on 2nd April, 1928, and that death occurred, on the date stated above, at 4 PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Glaucoma

20 yrs (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Personnel

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Home

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? the vessel

(Signed) J. P. Jones M. D.

4/6, 1928 (Address) 427 E 11th St

*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 Forest Hill

DATE OF BURIAL Apr 19 28

20. UNDERTAKER Mrs. C. L. Parster

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.

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421 E 11th