WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

File No. 13269

Registered No. 16[illegible]

1. PLACE OF DEATH

County: Jackson — Registration District No. 399

Township: Kaw — Primary Registration District No. 1002

City: Kansas City (No. St. Marys Hospital St. Ward)

2. FULL NAME John A. Duroche

(a) Residence. No. 212 Seminary St. St. Ward. KC 6 Mo
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 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): Married.

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ida Duroche

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 2. 1852.

7. AGE: Years 75 | Months 5 | Days 6 | If LESS than 1 day, ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Real estata agent
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Self

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY): Ill.

PARENTS

10. NAME OF FATHER: G.M.Duroche

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

12. MAIDEN NAME OF MOTHER: Sarah J. Briggs

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

14. INFORMANT: H.L.Grady,
(Address): 3710 Agnes. K.C.Mo.

15. FILED 4/9 1928 M. M. Browne REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from 4-0, 1928, to 4-8, 1928, that I last saw h alive on 4-7, 1928, and that death occurred, on the date stated above, at 4:20 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Bronchial Pneumonia
[illegible]
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY): General arteriosclerosis
(duration) 20 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? K C Mo.
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) [illegible], M. D
4/8/, 1928 (Address) Rosedale Kan

*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: Maple Hill — DATE OF BURIAL: 4/9/ 1928

20. UNDERTAKER: H. W. Gates — ADDRESS: K.C.Ks.