

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Law
City K.C. Mo. (No. 821 Bales Court)

Registration District No. 299
Primary Registration District No. 1002

File No. 13287
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 821 Bales ex St. 9 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

1. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Belle Brady

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 3 - 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>62</u>	<u>11</u>	<u>7</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

10. NAME OF FATHER no Record

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) no Record

12. MAIDEN NAME OF MOTHER no Record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) no Record

14. INFORMANT Belle Brady
(Address) 821 Bales ex

15. FILED 4/11/28 M.M. Cronin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr - 10 / 28

17. I HEREBY CERTIFY, That I attended deceased from 4-8-28, 1928, to 4-10-, 1928, that I last saw alive on 4-10-, 1928, and that death occurred, on the date stated above, at 12 Noon

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Origin of Pectoris

CONTRIBUTORY (SECONDARY) Myocarditis, Chemic
some time (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 89

IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH: _____ DATE OF _____

WAS THERE AN AUTOPSY: _____

WHAT TEST CONFIRMED DIAGNOSIS (Signed) J.M. Perkins, M.D.

4/10/28 (Address) 3827 East 9

*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 Mr. Washington DATE OF BURIAL Apr 11 28

20. UNDERTAKER Mrs. C. L. Foster ADDRESS K.C. Mo.

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.

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