

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

Do not use this space.

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township 1st

Primary Registration District No. 1001

City Kansas City, Mo.

St. West 54th

File No. 13317

Registered No. 1047

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 1001 St. 57th St. 8 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

m.

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE of _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 16 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
34 | 7 | 20

8. OCCUPATION OF DECEASED

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

Painter

(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)

Kansas

10. NAME OF FATHER

Columbus Forte

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ky.

12. MAIDEN NAME OF MOTHER

Ella Williams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

14.

INFORMANT (Address)

Bridget Forte
1001 St. 57th

15.

FILED

4-12-28 M. M. Crowe
asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/6 1928

17.

I HEREBY CERTIFY That I attended deceased from

4-6-28, to 4-6-28, 1928, that I last saw him alive on 4-6-28, and that death occurred, on the date stated above, at _____ m.

18. THE CAUSE OF DEATH* was as follows:

Encephalitis. Plus
hemorrhage of Brain

CONTRIBUTORY (SECONDARY)

Calculus Valvular
Heart disease (duration) 1 yrs. 6 mos. 18 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) L. Y. Mills, M. D.

1928 (Address) 1426 S 18

*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

DATE OF BURIAL

Highland Cem

4/12/28

20. UNDERTAKER

ADDRESS

McKinzie Bros

1729 Lydia

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.

RECORDING INSTRUMENT THIS IS A PERMANENT RECORD

Miller