

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

Do not use this space.

13329

1. PLACE OF DEATH

County Jackson
Township North
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. St. Joe Hospital)

File No. _____
Registered No. 1650
St. _____ Ward)

2. FULL NAME

(a) Residence. No. 3276 Oak St. 5 Ward. _____
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) not known

7. AGE: YEARS 60 MONTHS _____ DAYS _____ IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Barber
(b) General nature of industry, business, or establishment in which employed (or employer) Porter P. E. Conrath
(c) Name of employer rooming house

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arizona

PARENTS
10. NAME OF FATHER _____
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Arizona
12. MAIDEN NAME OF MOTHER _____
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) _____

14. INFORMANT Max K. B. Teugcher (Address) 3409 Locust

15. FILED 4-13-28 M. M. Erwin REGISTRAR

MEDICAL CERTIFICATE OF DEATH Wednesday

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 11 1928
17. I HEREBY CERTIFY, That I attended deceased from April 7 1928, to April 11 1928, and that (that I last saw him alive on April 4 1928, and that death occurred, on the date stated above, at 4:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma sigmoid with obstruction
Bowels

CONTRIBUTORY (SECONDARY) Kempson (duration) _____ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED (IF NOT AT PLACE OF DEATH) St. Joseph Hosp

19. DID AN OPERATION PRECEDE DEATH? None DATE OF _____ WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? Surgery
(Signed) John A. Spurr, M. D. (Address) K. E. M. S.
4-11-28

*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 April 16 1928

20. UNDERTAKER Elyar Funeral Home ADDRESS 1809 Leewood

K. 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 INFORMATION THIS IS A PERMANENT RECORD

