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

Do not use this space.

13593

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. [illegible]
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. St Mary's Hospital St. 3 Ward)

2. FULL NAME William H. Remington
(a) Residence. No. St., Ward. Colorado Springs Colo
(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: 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~~ Annie L. Remington

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 18 - 1871

7. AGE: Years 56 | Months 5 | Days 10 | If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) Mankato
(STATE OR COUNTRY) Minnesotta

PARENTS
10. NAME OF FATHER Martin L. Remington
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) New York
12. MAIDEN NAME OF MOTHER Kate Ratledge
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Minnesotta

14. INFORMANT Annie L. Remington
(Address) Colorado Springs Colorado

15. FILED 4/29, 1928 M M Crowe REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-29 1928

17. I HEREBY CERTIFY, That I attended deceased from 4-26, 1928, to 4-29, 1928, that I last saw him alive on 4-29, 1928, and that death occurred, on the date stated above, at 2:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia (Right)
108
131
[illegible]
101 a
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage, Chronic Nephritis with Arterio Sclerosis
(duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Hemorrhage 4/25 K C Mo
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Wilson A Myers, M. D
4/29, 1928 (Address) 815 Shukert Bldg.

*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: Colorado Springs Colorado
DATE OF BURIAL: May 1 1928

20. UNDERTAKER: John J Sheehan
ADDRESS: K. C. Mo

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.