

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

Do not use this space.

13610

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Shaw

Primary Registration District No. 1002

City Kansas City (No. Heatley Prov.)

File No. \_\_\_\_\_

Registered No. 1002

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence Henrietta Mo. St. \_\_\_\_\_ 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe. 4. COLOR OR RACE Col. 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) Nov. 28, 1924

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 3 5 1

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

None

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Richmond Mo.

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Earnest White Denver Colorado.

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Fannie Inck Mo.

14.

INFORMANT (Address)

Earnest White R.O. Box 221 Henrietta Mo

15.

FILED

4/30 1928 M. M. Coe Registrar

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from April 29, 1928, to April 29, 1928, that I last saw him alive on April 29, 1928, and that death occurred, on the date stated above, at \_\_\_\_\_.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Acute Broncho pneumonia  
(duration) yrs. mos. ds. 3

CONTRIBUTORY (SECONDARY)

Acute Bronchitis  
(duration) yrs. mos. ds. 10

18. WHERE THE DISEASE COMMENCED

IF NOT AT PLACE OF DEATH

1004 Henrietta Mo

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? None

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Exam

(Signed) W. H. Madens M. D.

April 30, 1928 (Address) 1518 East 18th St. K.C. Mo

\*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

Henrietta, Mo. 4/30 1928

20. UNDERTAKER

ADDRESS

Watkens Bros. 1729 Lyden

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.

RECORD IS A PERMANENT RECORD

Maddox.