

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.

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

Do not use this space.

16223

1019

1. PLACE OF DEATH

County Duchesne Registration District No. 85
 Township St Joseph Primary Registration District No. 1001
 City St Joseph (No. Proves Best)

File No. _____
 Registered No. 614
 St. _____ Ward _____

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 6 7 unk

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

9. BIRTHPLACE (CITY OR TOWN) Nowell
 (STATE OR COUNTRY) Kans

10. NAME OF FATHER Ed McKime

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Lucy Audmiller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Ohio

14. INFORMANT Eugene Lee
 (Address) Nowell Kans

15. FILED 14 1928 John G. W. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 13 1928

17. I HEREBY CERTIFY That I attended deceased from April 23 1928, to May 13 1928 that I last saw h. sa alive on April 23 1928, and that death occurred, on the date stated above, at 10:28 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Stenosis
131
92A

CONTRIBUTORY (SECONDARY) Nephritis (interstitial)
 (duration) yrs. 8 mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____
 NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) H. S. Szymura M. D.
5/13 1928 (Address) Fort Le Blvd St. Louis

*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 Nowell Kans DATE OF BURIAL 5/15 1928

20. UNDERTAKER Fleeman Funeral Home ADDRESS 1208 W. Bond

