

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

Do not use this space.

17065

1. PLACE OF DEATH

County Jackson Registration District No. _____

Township New Primary Registration District No. _____

City Kansas City (No. Kansas City General Hospital) St. _____ Ward) _____

File No. _____

Registered No. 2034

St. _____ Ward) _____

2. FULL NAME

(a) Residence. No. Bedford H. Eldridge Ward. _____

(Usual place of abode) 1932 Orville N. Ct. S.W. (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 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 Cecilia Eldridge

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 19 1896

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ____ hrs. or ____ min. 31 | 5 | 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Driver Truck
(b) General nature of industry, business, or establishment in which employed (or employer) Abnathy Furniture
(c) Name of employer Casket Dept.

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Tenn

10. NAME OF FATHER

Ros H. Eldridge

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Tenn

12. MAIDEN NAME OF MOTHER

Rhoda Rector

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Tenn

14.

INFORMANT John T. Eldridge
(Address) 1832 Reynolds

15.

FILED 5-7 1928 M. M. Crowe
REGISTRAR asst

MEDICAL CERTIFICATE OF DEATH

2 Sunday
16. DATE OF DEATH (MONTH, DAY AND YEAR) May 6 1928

17. I HEREBY CERTIFY, that I attended deceased from _____, 19____, to _____, 19____, and that I last saw him _____ alive on _____, 19____, on the date stated above, at _____, 12-5-9 ____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arterio-Sclerosis

CONTRIBUTORY (SECONDARY) 1927
(duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

1 DID AN OPERATION PRECEDE DEATH? Yes DATE May 5 1928

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Henry G. ... M. D.
576, 1928 (Address) Deputy Coroner

*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 Highland Park DATE OF BURIAL May 16 1928

20. UNDERTAKER H. D. Gates ADDRESS K. C. Kansas

COPY TO FILE, 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.

